

Unannounced Care Inspection Report 15 October 2018



Aaron House

Type of Service: Day Care Service
Address: 40 Rosneath Gardens, Dundonald, BT16 1UN
Tel No: 028 9041 0045
Inspector: Jim McBride

www.rqia.org.uk

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a Day Care Setting with 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	Registered Manager: Frances Mooney
Responsible Individual: Linda Wray	
Person in charge at the time of inspection: Frances Mooney	Date manager registered: 09 September 2011

4.0 Inspection summary

An unannounced inspection took place on 15 October 2018 from 09.00 to 13.30.

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 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 training, knowledge regarding adult safeguarding, infection prevention and control and risk management that promoted safe care. Regarding effective practice, examples of good practice were found in relation to individualised care planning, audits and reviews and communication between service users, staff and other key stakeholders. Good practice was found regarding compassionate care in relation to the culture and ethos of the day care setting, dignity and privacy, listening to and valuing and respecting service users and taking account of the views of service users. Finally, good practice was found in relation to governance arrangements and quality improvement supporting well led care in the setting.

Service users said:

- “Good activities.”
- “I love coming here.”
- “Staff are all good.”
- “I look forward to coming.”

Staff said:

- “Good training and staff development.”
- “Excellent induction it prepares you for the role.”
- “Staff are very supportive of each other.”
- “Supervision is good.”
- “Good team communication.”

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 Mr Francis Mooney, registered manager, as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent care inspection dated 15 October 2018

No further actions were required to be taken following the most recent inspection on 15 October 2018.

5.0 How we inspect

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

- Records of notifications of significant events
- Quality improvement plan from the previous inspection 25 January 2018
- The RQIA log of contacts with, or regarding the centre

During the inspection the inspector met with the registered manager, four staff members who spoke enthusiastically and comprehensively of the service provided, three services user's and other service users in the group setting completing their daily activities. All comments received have been added to this report.

The following records were examined during the inspection:

- File records for six service users, including assessments, care plans and reviews
- Progress records for six service users
- Quality monitoring reports for the months of January 2018 to August 2018
- Minutes of service user meetings held during 2018
- Record of incidents and accidents
- Records of staff meetings
- Daily allocation records
- Selected training records for staff pertaining to:
 - Safeguarding
 - Fire safety
 - Medication
 - Management of records
 - Manual handling
 - Infection control
 - Core values
 - Disability awareness

- Data protection
- Multi-sensory equipment
- Records of formal supervision for four staff
- The Statement of Purpose 2018
- The Service user Guide 2017
- Fire safety records, including the report of a Fire Risk Assessment dated 8 May 2018

At the request of the inspector, the manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

Nine service user and/or relatives' questionnaires were provided for distribution; three questionnaires were returned to RQIA within the timeframe for inclusion in this report. Comments:

- "I enjoy the time I interact with staff."
- "A lovely bunch of care staff."
- "Arron house is a wonderful place with a great family atmosphere."

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

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 15 January 2018

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 15 January 2018

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<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>Met</p>
	<p>Action taken as confirmed during the inspection: The inspector reviewed the documentation in place pertaining to staff supervision. Documentation shows clear evidence of planned and current supervision details for all staff.</p>	

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 manager confirmed that the planned daily staffing levels for the day care centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of the staffing roster for weeks commencing 29 September 2018 to 7 October 2018 evidenced that the planned staffing levels were adhered to.

Staff who were consulted confirmed that staffing levels met the assessed needs of the service users. Observation of the delivery of care at the time of inspection evidenced that service users' needs were met by the number of staff on duty.

The manager confirmed that staff employment records were held within the council's human resources department and that all appointments were made in compliance with relevant legislative requirements and their own policy and procedures. The manager confirmed that an induction programme was available for newly appointed members of staff. A review of this induction programme noted that it was comprehensive and included relevant areas, such as privacy and dignity, confidentiality, risk management, complaints procedure, health and safety and adult safeguarding.

A competency and capability assessment had been completed for the staff member who was in charge of the centre in the absence of the registered manager. Review of the competency and capability assessment confirmed that the staff member had received training and was assessed as competent to undertake their role and responsibilities.

Observation of and discussion with staff on duty demonstrated a clear understanding of service users' needs and how those needs should be met. They described the training they received as effective and of a good quality and stated that it provided them with the skills and knowledge to fulfil their roles and responsibilities. Discussion with staff and review of a sample of staff training records concluded staff had received mandatory training since the previous care inspection such as fire safety, moving and handling and adult safeguarding training. It was positive to note that staff received training in addition to the mandatory training requirements such as: Core values, disability awareness and multi-sensory equipment training. Safeguarding procedures were understood by staff members who were interviewed and they confirmed that they had the confidence to report poor practice, should they identify it. However, all expressed the view that practice throughout the centre was of a high quality and that team members worked well together.

Discussion with staff confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to appropriate professionals. The manager also confirmed that a copy of Adult Safeguarding Prevention and Protection in Partnership, July 2015 and the associated Operational Procedures September 2016 were available to all staff. The manager confirmed that the organisation has in place an identified Adult Safeguarding Champion (ASC).

Observation of the environment confirmed that the setting was warm, clean, odour free and had suitable lighting. Fire exits were observed to be clear of clutter and obstruction. Records examined identified that a number of safety checks were undertaken including: fire safety drills to ensure service users can exit safely, safety checks of fire doors; fire extinguishers; emergency lighting and weekly fire alarm tests. The review of fire drill records confirmed that a fire drill had been undertaken on 6 August 2018. The discussions with staff confirmed that the furniture, aids and appliances were fit for purpose for the diverse needs of service users. A fire risk assessment was completed on the 8 May 2018 and no areas for improvement were made by the risk assessor.

Infection prevention and control measures were in place and a good standard of hygiene was observed throughout the centre. Measures included the availability of hand sanitiser around the setting and supplies of liquid soap and hand towels mounted on the wall. Staff training records confirmed that staff had received training in infection prevention and control in line with their roles and responsibilities and control of substances hazardous to health (COSHH). Observation of staff practice evidenced that staff adhered to infection prevention and control procedures.

Staff confirmed that they felt care was safe in this setting. Discussion with both staff and service users confirmed that service users have had access to a consistent staff team who have developed a holistic and effective understanding of service users' needs. Staff described how they give consideration to service users' holistic needs, for instance, they observe service users, noting any change in dependency, ability or behaviour and proactively take appropriate measures to promote and ensure the safety and wellbeing of the service user. Staff also demonstrated awareness of the need to continually risk assess to ensure that service users remain safe during outings or while engaging in activities within the setting. They recognised the importance of sharing relevant information with relatives and making referrals to other services/professionals as required.

There were arrangements in place to ensure that staff are registered with the relevant regulatory bodies of the Northern Ireland Social Care Council (NISCC) as appropriate.

Discussion with service users and staff on the day of inspection revealed that they felt the care provided was safe. On the day of the inspection Aaron House Day Centre was found to be delivering safe care. There was positive feedback from service user and staff. Observations of care practices evidenced there was a culture of ensuring service users were safe and protected from harm.

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

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

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, knowledge regarding adult safeguarding, infection prevention and control and knowledge and competency in respect to safe care and risk management.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

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

Discussion with the manager and staff established that staff in the day care setting responded appropriately to and met the assessed needs of the service users.

The inspector reviewed elements of six service users’ care files. The inspection of the care files found there were risk assessments, care plans and records of health and well-being of the service users which were current and had been reviewed. The reviewed files contained relevant risk assessments signed off by the HSC professionals completing them.

Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant. Overall the inspection found the settings management of service user records enabled staff to recognise service users’ needs and respond to them effectively.

Care records also reflected the multi-professional input into the service users’ health and social care needs. A record was kept of each service user’s involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual. Records

of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed and agreed for each person.

Discussions with staff regarding implementation of the care plans provided assurance they knew each individual's needs. Discussion with service users about what they were doing in the centre provided assurances they knew what activity they were going to take part in, who would help them and they were happy that their choices and needs were being met in Aaron House Day Centre. It was good to note that each day a staff allocation sheet was produced that ensured staff knew what their responsibility was daily, for individual service users. This piece of good practice must be commended.

Discussion with the manager and review of arrangements concerning the storage of confidential records confirmed that service users' records were stored safely and securely in compliance with legislative. Staff recognised the importance of maintaining accurate and contemporaneous records to guide their practice and ensure that care provided was safe, effective and timely.

Staff confidently described how they would escalate any concerns and provided examples of liaison with carers and other professionals to ensure the safety and wellbeing of service users.

There was evidence that service users were enabled and supported to engage and participate in a range of meaningful activities. Service users were observed being supported in arts and crafts and other activities during the inspection. Craft work which had previously been made was displayed around the centre. Service users who could, gave positive feedback regarding the activities and opportunities the day centre provided for them.

The day care setting's Statement of Purpose and Service User Guide provides information on how to make a complaint and the importance of ensuring that service user opinions and feedback is heard and acted upon.

The manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. Records were made available for inspection concerning audits of the environment, staff training, fire safety, supervision and appraisal, care records evidenced that any actions identified for improvement had been completed.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders.

Discussions with staff confirmed they were knowledgeable regarding safeguarding service users in their care, they also confirmed if they had to escalate concerns they would speak to the manager or senior day care worker in charge. Staff detailed the communication methods that support their work and professional development such as team meetings, supervision, training and informal team discussions. Overall it was clear the staff work together to support the service users in the most person centred way that is safe, effective and meets their needs within an open and transparent culture.

Discussion with staff confirmed that management operated an open door policy in regard to communication within the day care setting. Staff stated that there was effective teamwork and each staff member recognised their role, function and responsibilities.

Observation of practices evidenced that staff were able to communicate effectively with service users. Discussion with service users and staff on the day of inspection evidenced that they felt the care provided was effective.

The evidence indicates that the care provided in Aaron House Day Centre is effective in terms of promoting each service user’s involvement, development, enjoyment and wellbeing.

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

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

Areas of good practice

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

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.

Discussions with service users and staff and observation of care during the inspection showed that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the day centre. Staff interactions with service users were observed to be cheerful, compassionate, caring and timely, with staff providing clear information, using appropriate language, demonstrating active listening skills, checking understanding and service users’ expectations. Staff were noted to be busy attending to the needs of service users and they took time to listen and reassure services users as needed. It was apparent that service users were familiar with staff as they appeared relaxed and comfortable in their surroundings and interactions. There was genuine warmth in the engagement by staff with service users and staff spoken with were knowledgeable regarding service users likes, dislikes and individual preferences.

Staff were aware of what was important for each service user and their specific interests and organised meaningful activities to support this. Discussions with staff regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as promoting their strengths and providing choice. Service users were enabled and supported by staff to engage and participate in meaningful achievable activities.

Service users are given a choice in regards to food and fluid choices and the level of help and support requested. Staff treat service users with dignity and respect affording adequate time for service users to make decisions and choices and offered reassurance and assistance appropriately. Staff interactions with service users were observed to be compassionate, caring and timely.

During discussion staff presented as knowledgeable and informed regarding each service user’s dietary needs and preferences.

Discussion with the manager and review of records evidenced that service user meetings were generally held monthly. The last meeting was held in September 2018 and minutes were made available for inspection. The inspector noted some of the areas recently discussed during meetings that included:

- monthly planning days
- activities
- outings
- celebration days

The inspector also noted a number of staff meetings held by the manager at which staff had the opportunity to discuss:

- allocations
- individual goals
- activities
- transport
- supervision
- training

The inspector also noted the positive outcomes of the centre's annual quality survey in which service users and or relatives had the opportunity to comment on the following areas:

- service provision
- meals
- suitability of activities
- communication
- costs incurred
- personal care
- impressions of centre staff

Some of the comments received:

- "Friendly and approachable"
- "Day care staff are excellent, always friendly and if you need to talk about anything they all have time to do so".
- "More than just staff to us, they are friends! Could not praise them enough!"
- "Very welcoming to both service users and staff"
- "Think they work hard in creating different themes"
- "Very warm and welcoming atmosphere"

Discussion with service users and staff on the day of inspection revealed that they felt the care provided in Aaron House Day Centre was compassionate.

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

- "Staff treat you with kindness."
- "Staff ensure you are respected and that your privacy and dignity is maintained."
- "Staff inform you about your care."
- "Staff support you to make decisions about your care."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

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 Day centres registration certificate was up to date and displayed appropriately.

There was a clear organisational structure and this information was outlined in the day care settings Statement of Purpose. Staff demonstrated awareness of their roles, responsibilities and accountability. Discussion with the registered manager and staff confirmed that they had a good understanding of their role and responsibilities under the legislation.

The manager advised there were a range of policies and procedures in place to guide and inform staff. Policies were maintained in a manner that was easily accessible by staff in the office and on-line. The inspector reviewed a sample of policies and procedures that were noted to have been updated in accordance with timescales outlined in the minimum standards.

Policies noted:

- Safeguarding (2017)
- Whistleblowing (2017)
- Challenging behaviour (2017)
- Staff induction (2017)
- Incident reporting (2017)

During discussions with staff they demonstrated awareness of their roles, responsibilities and accountability. Positive feedback was provided by staff in respect of leadership they received from the senior day care worker and registered manager and positive effective team working.

Staff confirmed that if they had any concerns or suggestions they could raise these with the manager. Staff are aware of the whistleblowing policy if they could not resolve their concerns locally, however they would be unlikely to need this due to the transparent working relationships that exist within the team. Staff spoken with confirmed that they enjoyed working in the day care setting and with their colleagues. All grades of staff consulted demonstrated during the inspection the ability to communicate effectively with their colleagues in the best interests of the service users.

The staff who met with the inspector appeared well informed on all aspects of the centre's operations and proved very capable in responding to all of the RQIA requirements for this inspection.

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

A complaints and compliments record was maintained in the day centre. There had been no complaints recorded since the previous inspection however, discussion with the staff confirmed they were aware of how they should respond to a complaint or areas of dissatisfaction. Discussions with staff confirmed that a robust complaints management process is in place within the setting. Service users and carers are advised of what they can do if they are not happy with the service within the Service User Guide and the Statement of Purpose.

The inspector discussed the monitoring arrangements under regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken bimonthly by an independent monitoring officer. Quality monitoring reports were examined from March 2018 to August 2018 and found to be satisfactory. The reports adhered to RQIA guidelines and evidenced engagement with service users, staff and professionals, with positive feedback recorded. The inspector noted some of the comments made by staff, service users and relatives during monthly quality monitoring:

Service users:

- “Everyone is happy and content.”
- “I love attending the centre.”
- “The staff are nice.”

Staff:

- “The staff team work well together and feel well supported.”
- “We are happy with the care provided.”

Relatives:

- “***** is very happy here.”
- “Staff communicate well with me.”
- “The staff are very good.”

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager and staff confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition the manager confirmed that the day care setting had not received any complaints with respect to equality issues from service users and/or their representatives.

Discussions with service users, staff and the manager highlighted evidence that supports service user equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- safeguarding
- advocacy
- individual person centred care
- individual risk assessment
- disability awareness

On the day of the inspection there was evidence of effective leadership and management in Aaron House Day Centre and a culture focused on the needs of service users.

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

- “You always know who is in charge at any time.”
- “You feel the service is well managed.”
- “Your views are sought about your care and the quality of the service.”
- “You know how to make a complaint.”

Areas of good practice

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