

Unannounced Care Inspection Report 2 October 2019



Cairnmount Day Centre

Type of Service: Day Care Service
Address: Forthill Road, Newry, BT34 2LP
Tel No: 02830268890
Inspector: Maire Marley

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

Cairnmount is a Day Care Setting registered to provide care and day time activities for a maximum of 25 people over the age of nineteen who have a learning disability. The day centre operates Monday to Friday and is for those service users who are resident in the Organisation's nursing home.

3.0 Service details

Organisation/Registered Provider: Cairnhill Home 'A' Ltd Responsible Individual: Charles Digney	Registered Manager: Donna Virtue
Person in charge at the time of inspection: Donna Virtue	Date manager registered: Donna Virtue – 23 July 2012
Number of registered places: 25	

4.0 Inspection summary

An unannounced inspection took place on 2 October 2019 from 10.00 to 15.00 hours

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards 2012.

RQIA, as a public-sector body have a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to care records, effective communication, activities and the environment.

Service users said:

- "I like coming here."
- "I enjoy all my activities."
- "I like all the staff."

Comments made by service users during the inspection were very positive and complimentary regarding the safety of the service and the staff and management team. Their comments confirmed that staff treat them in a polite dignified manner.

Three areas of improvement were identified during this inspection.

The findings of this report will provide the day care setting with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience. 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	3

Details of the Quality Improvement Plan (QIP) were discussed with Donna Virtue, manager, as part of the inspection process. The findings of the inspection were also discussed with the responsible person by telephone on 4/10/2019. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 16 October 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 16 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:

- The registration details of the day centre
- Information and correspondence received by RQIA since the last inspection
- Unannounced care inspection report dated 16 October 2018.

During the inspection the inspector was introduced and spoke informally to all service users, spoke to three service users privately and individually and three staff members.

Service Users' comments during the inspection:

- "I love here."
- "I enjoy it here and I like the staff."
- "Dinners are good, very good."
- "Cairnmount is a good place to come."

Staff comments during inspection:

- "I really enjoy working here and everyone made me so welcome when I joined the team."
- "The staff team are very welcoming; we all get on well together."

- “The safety of service users is to the fore of everything, but it is very important to give them as much choice and control of their day here.”

A range of documents, policies and procedures, relating to the service were reviewed during the inspection and are referred to within the body of the report.

Ten service user and/or representatives’ questionnaires were provided for distribution. The responses in the returned questionnaires were all positive in regard to the questions asked about “Is care safe.” “Is care effective.” “Is care compassionate.” “Is the service well led.”

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 16 October 2018

The most recent inspection of the day care setting 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 16 October 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 7.5 Stated: First time To be completed by: 30 November 2018	The registered person shall; <ul style="list-style-type: none"> • Revise the statement of purpose and service user guide to clearly describe the range of needs the day centre can accommodate • The revised statement of purpose should be submitted to RQIA 	Met
	Ref: 6.5 Action taken as confirmed during the inspection: The statement of purpose and service user guide were revised and submitted to the RQIA	

	<p>as requested.</p> <p>The documents were further examined on the day of inspection and found to detail the range of needs the centre could accommodate.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 3.1</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2018</p>	<p>The registered person shall revise the service user agreement to accurately detail the individual arrangements in regard to service users' assessed need for day care and the fees or charges associated with the placement.</p> <p>Ref: 6.5</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The information in the returned Quality Improvement Plan and a review of a random selection of service user's agreements established that the agreements had been revised and included all relevant information.</p>	
<p>Area for improvement 3</p> <p>Ref: Standard 14.3</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2018</p>	<p>The registered person shall ensure complaint information for service users is specific to the day centre and more user friendly.</p> <p>Ref: 6.6</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Information had been reviewed and the manager outlined the work completed, the details of who service users could complain to were displayed on the wall in the hallway.</p>	
<p>Area for improvement 4</p> <p>Ref: Standard 17.10</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2018</p>	<p>The registered person shall ensure that each monthly monitoring report contains sufficient information from service users and staff members about the quality of the service provided.</p> <p>Ref: 6.7</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The information in the returned Quality Improvement Plan, along with the review of a random selection of monthly monitoring visits reports established that service users and staff views were sought during each visit.</p>	

Area for improvement 5 Ref: Standard 18.1 Stated: First time To be completed by: 30 November 2018	The registered person shall revise the Quality Improvement Policy and ensure it is relevant to the day care setting. Ref: 6.7	Met
	Action taken as confirmed during the inspection: The information in the returned Quality Improvement Plan, along with the review of the Annual Quality Improvement Report found that it had been further developed and included the matters outlined in the minimum standards.	
Area for improvement 6 Ref: Standard 22.1 and 22.2 Stated: First time To be completed by: 30 November 2018	The registered person shall ensure; <ul style="list-style-type: none"> • Staff have recorded individual supervision no less than three times monthly. • Staff with supervision responsibility have training in supervision and performance management Ref: 6.7	Met
	Action taken as confirmed during the inspection: Records of the dates of supervision along with discussion with staff confirmed that they were in receipt of individual supervision every three months. Training had been provided for supervisors.	

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.

A review of the day care setting's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements was undertaken during the inspection. On the day of inspection the staffing arrangements were found to be satisfactory and sufficient to meet the needs of service users. This was also confirmed by the staff on duty. Duty records examined contained details of the number of staff on duty, hours worked and information of the specific care duties allocated to staff.

Records relating to the recruitment of two staff were examined and established that in the main robust systems were in place to recruit and select staff, it was noted in one file there were unexplained gaps in employment, management must ensure gaps in employment are explored and the reasons for the gaps recorded. This is an area identified for improvement.

Staff reported that effective arrangements were in place to support them and included induction, training, supervision and appraisals. There was evidence that any new staff receive a structured induction to ensure they are familiar with service users' needs along with the settings routines and procedures. Records examined confirmed that new staff were registered with the Northern Ireland Social Care Council (NISCC). Discussion centred on the importance of these new staff completing the induction workbook set down by NISCC, this would assist staff build their confidence and ensure that they develop skills and knowledge relevant to their role. This is an area identified for improvement.

A review of staff training records found that all staff had up to date mandatory training and had accessed additional training and development relevant to the needs of service users. Systems are in place to monitor staffs' registration with their professional bodies.

The day care setting had arrangements in place to identify, manage and where possible eliminate unnecessary health and safety risks. This included regular health and safety checks that ensured a safe environment was maintained. A fire risk assessment was in place and had been reviewed in 2019. Tolerable risks had or were being addressed. A fire evacuation was undertaken on 4/9/2019.

Arrangements had been implemented in regard to the recording and reporting of accidents and incidents. One notification had been submitted to RQIA as required and had been managed appropriately and medical assistance sought in a timely manner. A review of the accident records from April 2019 to 1 October 2019 confirmed that there had been no further accidents recorded during that period.

A review of policies confirmed that there was a policy and procedure on restrictive practice in keeping with Department of Health (DoH) Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and Human Rights Act (1998). It also included Deprivation of Liberty Safeguards (DoLS). The manager reported that training was been rolled out to staff on the Mental Capacity Act and the implications of this legislation for day care.

Staff consulted during the inspection were aware of the impact of human rights legislation within their work; and could adequately describe how this impacted on their work on a daily basis.

Arrangements were in place to ensure service user care records and staff personnel records were stored securely in line with General Data Protection Regulation (GDPR). This meant people could be assured that their personal information remained confidential.

Safeguarding and whistleblowing policies and procedures were in place to help protect service users and minimise the risks of abuse. Safeguarding procedures were understood by staff and they confirmed that they were in receipt of up to date training. It was noted that the policies and procedures were in line with the regional guidance and the Organisation named Adult Safeguarding Champion was known to staff.

A walk around the day care setting, confirmed that the environment was warm, clean, fresh smelling and had suitable lighting and heating. The standard of hygiene observed throughout the centre was found to be very good and infection prevention measures were in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, supervision and appraisal, adult safeguarding, infection prevention and control and the environment.

Areas for improvement

Two areas for improvement were identified during the inspection of this domain and related to exploring gaps in employment and NISCC induction standards.

	Regulations	Standards
Total number of areas for improvement	0	2

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 Service User Guide were reviewed and revealed that the documents reflected the elements set out in the regulations and standards. It was good to note that the Statement of Purpose contained reference to a commitment to promote the human rights of service users.

A service user guide is provided to each service user that informs them of their right to full involvement in all aspects of their care. Information on how to raise a concern or complaint regarding the quality of care is included in the document. It was evident from records viewed and staff discussion that the centre organised and delivered services to meet individual needs and took account of individual preferences.

There was evidence that comprehensive risk assessments and care plans were completed and included the views of service users and, when appropriate, their representatives. A range of assessments were carried out and were specific to each person’s needs, for example moving and handling, falls risk, behaviour that may challenge and transport. The assessments provided information for staff that assisted them to minimise risks and to keep service users safe and included a detailed care plan. Care records examined included the relevant information specified in the minimum standards.

Initial post admission reviews were completed after a period of six weeks and thereafter annually, arrangements were in place that a review could be convened if a service user’s circumstances changed. A written review report was available in each file examined and reflected the views of service users.

Contact sheets recorded the involvement of families and professionals and progress daily records were maintained. Dates and signatures were present in all files examined.

There was evidence of continuous improvement in the care planning and delivery process and regular audits of practices were undertaken.

There was evidence that the advice and input of other professionals had been requested when necessary and that staff worked closely with these professionals to deliver care that was effective and person centred. This was also confirmed during the inspection in discussion with a visiting professional.

Systems to promote effective communication between staff, service users and their representatives were reviewed during the inspection. There was evidence to indicate that communication supported the protection and promotion of individualised and person centred care for service users.

Discussion with staff revealed that they felt care provided to service users within the setting was effective, staff were knowledgeable regarding service users' needs and care plans; they described how intervention with each service user was person centred depending on their individual needs.

The interactions observed between staff and service users throughout the inspection confirmed that staff were suitably skilled and effective in communicating with all service users. There was good evidence of person centred interventions that assured service users were involved and communication opportunities maximised.

Discussion with staff and service users with regards to the provision of effective care included the following comments:

Service Users' comments:

- "The staff are brilliant, I like them all."
- "I like coming here; we do different things."

Staff comments:

- "We work as a team and ensure we follow care plans."
- "Service users are treated with respect at all times and are provided with choice in their activities and meals."

Throughout the inspection service users and staff expressed positive views on the quality of service provided; staff also expressed the confidence they had in the practice of their colleagues.

Areas of good practice

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

	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.

This inspection sought to assess the day care setting's ability to treat service users with dignity, equality and respect, and to fully involve service users in decisions affecting their care and support.

Observations of staff interactions with service users were observed to be compassionate, caring and timely. Staff spoken with reflected the ethos of the day care setting which promotes respect, openness, honesty, good quality care, individual attainable goals and social interactions.

Throughout the inspection staff were observed to stimulate and encourage service users to participate in a range of therapeutic activities that promoted positive outcomes for their health and well-being and encouraged meaningful social engagement. On the day of the inspection activities were facilitated by staff and the inspector noted service users approached staff freely, communicating their needs and making requests. Staff responses were noted to be cheerful and appropriate. Staff who engaged with the inspector spoke positively about the service and the ongoing benefits of the service to service users.

Staff described the informal arrangements in place that ensured service users were consulted on a daily basis and their views and opinions sought. This included daily ongoing discussions with service users and checking before the commencement of each activity that people were willing to participate. More formal arrangements to promote effective communication with service users and/or their representatives were facilitated through annual care reviews and service user meetings. A sample of the minutes of service meetings found evidence of service user involvement in the decision making process and also evidenced how each person's preferences was taken into consideration.

Evidence of additional opportunities for service users and their carers to express their views was contained in the annual satisfaction survey undertaken and reported on in the Annual Quality Report 2018-2019.

Service Users' comments:

- "Staff treat us very well."
- "I enjoy music, and getting ready for the Halloween party."

Staff comments:

- "I have seen service users treated with respect and given choice in everything they do."
- "The ethos of the centre is that service users come first."

Areas of good practice:

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users and their representatives.

Areas for improvement

No areas for improvement were identified during the inspection of this domain.

	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.

This inspection was facilitated by the manager who demonstrated a very good understanding of The Day Care Setting Regulations, minimum standards and the systems and processes in place for the daily management of the setting.

The Statement of Purpose clearly described the nature and range of needs that can be accommodated in the centre and addresses all of the matters required by Regulation (4) (1) of The Day Care Setting Regulations (NI) 2007. Inspection of the premises confirmed that the current RQIA certificate of registration was displayed within a prominent position.

During the inspection the setting's leadership, management and governance arrangements were assessed and found to be in line with the regulatory framework. There was a clear organisational structure and staff consulted during the inspection demonstrated knowledge of their roles, responsibility and accountability. A competency and capability assessment was in place for the person left in charge of the centre in the absence of the manager.

A range of policies and procedures were in place to guide and inform staff. During the inspection staff discussed their knowledge of policies in regard to whistleblowing, safeguarding and complaints, it was evident they were fully familiar with the action required to be taken by them in the event of any concern. Staff discussed an incident they had reported to senior management in regard to the management of a service user whose physical and mental health condition had deteriorated. The issue was managed appropriately by the management team, however the care records relating to the identified service user had not been revised and did not reflect the incident highlighted. Management must have arrangements in place to ensure records maintained in the day centre are up to date, accurate and reflect any change in circumstances. This is an area identified for improvement.

In discussions with staff it was evident they enjoyed working in the day care setting and enjoyed good working relationships with their colleagues and the management team, they gave very positive feedback in respect of leadership and good team working.

There are arrangements in place to ensure staff are registered with the relevant regulatory bodies such as the Northern Ireland Social Care Council (NISCC). Information regarding staff registration details and renewal dates were maintained.

Review of staff records established that supervision and appraisal were in keeping with the minimum standards. Staff reported that they found supervision supportive and provided opportunities to discuss their responsibilities.

Examination of the complaints record found the centre had no complaints since the last inspection. Discussion with staff confirmed that they knew how to receive and deal with complaints and of their responsibility to ensure that management were made aware of any complaints. Information on the complaints procedure was displayed in areas throughout the day centre.

Records examined provided evidence that regular staff meetings were held and records of the meetings maintained. The record included the names of staff in attendance and agenda items. Relevant information was discussed regarding the needs of service users, forward planning and the arrangements to ensure the delivery of safe and effective care.

The inspector can confirm that there was evidence of arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. A range of audits are undertaken weekly and monthly and included health and safety audits, audits on care records, cleanliness audits, staff training, supervision, fire prevention and checks on professional registration.

The Regulation 28 monthly quality monitoring visit reports for the past three months were reviewed and found to be satisfactory.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred care plan is developed. Records showed that equality information included communication methods, adult safeguarding and risk assessments where a risk was identified.

Discussion with service users and staff evidenced that they felt the service was well led. They described the service as well planned and they confirmed the manager operates an open door policy and their views and opinions are sought on a regular basis.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of accidents/incidents, quality improvement and maintaining good working relationships.

Areas for improvement

One area for improvement was identified during the inspection of this domain and related to the arrangements that are in place to ensure records maintained in the day centre are up to date, accurate and reflect any change in circumstances.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Donna Virtue manager, as part of the inspection process and were further discussed in a telephone discussion with Charles Digney, responsible person on the 4/10/19. 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 Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 19 5 (3) (a) Stated: First time To be completed by: 30 November 2019	The registered person shall ensure suitable arrangements are in place to make sure records maintained in the centre are up to date, accurate and reflect any change in a service user's circumstances. Ref: 6.7
	Response by registered person detailing the actions taken: Care records will be reviewed and ammended as changes for each individual service user are identified.
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 20.2 Stated: First time To be completed by: 30 November 2019	The registered person must ensure gaps in employment are explored and the reasons for the gaps recorded. Ref: 6.4
	Response by registered person detailing the actions taken: All gaps identified in staff file during inspection have been explored and record of same kept in staff file.
Area for improvement 2 Ref: Standard 21.7 Stated: First time To be completed by: 30 November 2019	The registered person shall ensure new staff complete the induction workbook set down by NISCC. Ref: 6.4
	Response by registered person detailing the actions taken: NISCC induction workbook has been downloaded and all new staff will be asked to complete same on commencement of post.

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



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