

Unannounced Care Inspection Report

02 August 2017



Cairnmount Day Centre

Type of service: Day Care Setting
Address: Forthill Road, Newry BT34 2LP
Tel no: 02830268890
Inspector: Priscilla Clayton

www.rqia.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

Cairnmount is a Day Care Setting with 25 places that provides care and day time activities for people with learning disability.

3.0 Service details

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

4.0 Inspection summary

An unannounced inspection took place on 02 August 2017 from 10.30 to 16.30 hours.

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

Evidence of good practice was found in relation to staff selection, recruitment, staff induction, good interpersonal communication with service users, the range of staff training, staff supervision, care records, multi-professional working and appraisal and good working relationships within the team.

Areas requiring improvement were identified to ensure compliance with the minimum standards and legislation included: the development and undertaking of competency and capability assessments of staff that would be in charge when the registered manager is absent. Improvement in the environment is also necessary in order to improve the ambience and minimise the risk of cross contamination within the centre. A current fire risk assessment is required to be undertaken by an appropriately qualified fire safety person.

Service users provided positive comments in regard to their care and said they were “happy at the centre where they met with their friends” and that the staff were “good” and “kind” to them. No issues or concerns were raised or indicated.

The findings of this report will provide the day care 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	2	6

Details of the Quality Improvement Plan (QIP) were discussed with Donna Virtue, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 15 November 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 15 November 2016.

5.0 How we inspect

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

- Previous care inspection report
- Notifications of accidents / incidents
- Correspondence.

During the inspection the inspector met with all service users and three staff. The following records were examined during the inspection:

- RQIA Registration Certificate
- Statement of purpose and service user guide
- Staff duty roster
- Staff recruitment and selection
- Staff induction programme
- Staff training
- Staff supervision / appraisal schedule
- Staff meetings
- Policies / procedures relating to this inspection
- Three service users' care records
- Service user agreements
- Service user meetings
- Audits
- Monthly monitoring visits by registered provider
- Fire risk assessment
- Fire safety records.

Thirty satisfaction questionnaires were provided for distribution to service users (10), staff (10) and relatives (10) for completion and return to RQIA.

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 15 November 2016.

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.

6.2 Review of areas for improvement from the last care inspection dated 15 November 2016

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 14.4 Stated: First time	(a) The registered provider must ensure that on any occasion when a service user is subject to restraint a record of the circumstances, including the nature of the restraint, is maintained.	Met
	(b) The registered provider must ensure that any restrictive practice is regularly reviewed to ensure it is in the best interest of the service user.	
	(c) The registered provider must ensure records of the strategies implemented are maintained so progress or deterioration in behaviour can be identified.	
	Action taken as confirmed during the inspection: Discussion and examination of one care record confirmed that appropriate documentation was recorded within care record / care plans. The care record contained multi-professional review of restrictions and ongoing monitoring of practice.	

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for Improvement 1 Ref: Standard 7.4 Stated: First time	The registered provider should ensure communication between the nursing home and the day centre are improved.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed that the modes of communication had been improved through joint meetings and improved written communication when required.	
Area for Improvement 2 Ref: Standard 5.2 Stated: First time	The registered provider should confirm that epilepsy plans are in place for all service users who attend the centre.	Met
	Action taken as confirmed during the inspection: Discussion and examination of two care records / care plans confirmed that epilepsy plans were in place.	
Area for Improvement 3 Ref: Standard 10.2 Stated: First time	(a)The registered provider should ensure the lunch menu offers a choice of meal to service users, including those on therapeutic or specific diets.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager, staff service users and review of the three weekly menus confirmed that choice of meal was offered at lunch time.	
Area for Improvement 4 Ref: Standard 10.5 Stated: First time To be completed by: 31 December 2016	The registered provider should review the dining experience to ensure that lunch is a relaxed enjoyable experience.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and service users alongside discrete observation of lunch confirmed that service users enjoyed their meal. Distraction interventions to minimise disturbance were in place. Close supervision of staff was provided with assistance and support provided to service users as required.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that are intended to help them.

The registered manager confirmed that sufficiently qualified, competent and experienced persons are working in the centre to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose.

Time worked by care staff in the centre each day was recorded within the duty roster.

The undertaking of competency and capability assessments of staff in charge of the centre in the absence of the registered manager was discussed with the registered manager who readily agreed to develop an assessment tool to comply with minimum standards.

The staff recruitment and selection files were retained within the registered provider's head office. The registered manager confirmed that she was involved in all new staff appointments made and that the recruitment and selection procedures were in keeping with employment legislation and the centre's policy and procedures. Staff induction programmes for new staff were in place. One staff file was brought to the centre for review. This was considered to meet minimum care standards and legislation.

All staff was registered with the Northern Ireland Social Care Council (NISCC). A system for monitoring of registrations was in place.

Staff induction programmes were in place for all newly appointed staff. These were signed and dated by the registered manager.

Records of staff mandatory training and other appropriate training relevant to their roles and responsibilities were retained electronically by the administration staff at the day centres head office. This data was brought to the day centre for the inspector to review. Mandatory training was recorded with dates recorded. Additional professional development training included restraint/MAPPA. Training in Dementia awareness and consent was planned to take place.

The registered manager confirmed that staff training in the Department of Health (DoH) adult safeguarding policy/procedures was included within the safeguarding training. No active safeguarding matters were ongoing. The adult safeguarding champion had been identified. The day centre's adult safeguarding policy was dated 2015. Action is necessary to ensure this is reviewed and revised to include DoH policy and procedures.

The registered manager demonstrated knowledge and understanding of accidents and incidents which are required to be notified to RQIA. One notification which was submitted to RQIA since the previous inspection was discussed. The registered manager confirmed that all measures had been put in place to minimise the risk of recurrence. Minor accidents/incidents which had occurred were recorded and manager satisfactorily. Monitoring of accidents/incidents is undertaken by the manager so that any trends or patterns can be identified and action taken to minimise recurrence.

The registered manager confirmed lap straps in use were a form of restraint used within the day centre. Assessment for use was prescribed by occupational therapists for the health and safety of service users who require the use when in wheel wheelchairs. The use of hand apron was discussed at length with the manager who explained that assessment was undertaken by the occupational therapist. The assessment viewed reflected recommendations which were detailed within one care plan reviewed. A policy on restrictive practice was in place, known by staff and readily available. Monitoring and review of this form of practice was reflected within the care progress notes. Staff training in restrictive practice had been provided alongside MAPPA which is alternative methods to alleviate aggressive behaviour.

Various audits were conducted during the past year which included for example; care records, policies/procedures, fire safety, environmental and training.

An inspection of the environment was undertaken. Issues identified for improvement included; appropriate storage of various items, unclean floors and dust within in the hallway and outer porch. Window curtains within the areas used by service users and the provision of table cloths on dining room tables would improve the ambience within the centre. A number of new chairs to replace those with torn upholstery and provision of a small porta cabin, for storage purposes, were delivered during the inspection.

The day centre's fire risk assessment was dated 30 April 2011. No recommendations for improvement were made. Action is required to ensure that a current fire risk assessment is undertaken by an appropriately qualified fire safety person. Fire doors were closed and exits unobstructed. Staff training records examined provided evidence that fire safety training was provided on 26 April 2017 and fire drill on 26 January 2017.

Four satisfaction questionnaires were completed and returned to RQIA following the inspection. Respondents indicated that the care provided was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff selection, recruitment, induction and a range of staff training.

Areas for improvement

Action identified for improvement to ensure compliance with the minimum standards and legislation included: development and undertaking of competency and capability assessments of staff that would be in charge when the registered manager is absent. Improvement in the environment is also necessary in order to improve the ambience and minimise the risk of cross contamination within the centre. A current fire risk assessment is required to be undertaken by an appropriately qualified fire safety person.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

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

Discussion with the registered manager established that the centre responded appropriately to and met the assessed needs of service users in attendance.

A review of three service user's care records was undertaken. Care records contained needs assessments which were complemented with risk assessments, life histories, service user agreements, person centred care plans and review. Individual needs assessments and care plans alongside progress notes for each service user were in place. There was also recorded evidence of multi-professional collaboration in planned care and annual reviews of care.

The provision of written service user agreements was discussed with the registered manager. One recommendation was made in regard to the development of individual service user agreements in keeping with standard 3 of the Day Care Settings Minimum Standards 2012.

Records were observed to be stored safely and securely in accordance with data protection.

The registered manager confirmed that systems were in place to ensure effective communication with service users, their representatives and other stakeholders. This communication included; referral information received before the service user commences attendance at the centre, multi-professional team reviews, service user meetings, staff meetings, and daily staff briefs each morning. There was also a wide range of user friendly health related information displayed on notice boards.

The review of care records confirmed that referral to other health care professional staff was timely and responsive to the needs of service users.

Service users spoken with and observation of practice during the inspection evidenced that staff communicated effectively with service users.

Four satisfaction questionnaires were completed and returned to RQIA following the inspection. Respondents indicated that the care provided was effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the good modes of communication namely; staff meetings, service user meetings, multi-professional collaboration and good interpersonal communication between staff and service users.

Areas for improvement

Action is required to ensure that each service user has a service user agreement, which, having regard to the assessment of needs, confirms the day service is suitable and appropriate to his or her needs and reflects details as set within standard 3.1 of Day Care Settings Minimum Standards.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

The registered manager confirmed that staff in the day care centre promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of service users.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff and service users confirmed that service users' views choices and preferences were met within the centre.

Service users were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their care and treatment within the centre. For example, person centred pictorial care planning. One service user described how they were asked by staff about their choices of activities and where they liked to sit each day.

The registered manager, staff and service users confirmed that consent was always sought in relation to service users' planned care and treatment. Discussion with service users and staff along with observation of care practice and social interactions demonstrated that service users were treated with dignity and respect. Staff confirmed their awareness of promoting service users' rights, independence and dignity. Staff were also able to describe how service users' confidentiality was protected.

Discussion with staff, service users and observation of practice confirmed that service users were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of service users, and or their representatives, were sought and taken into account in all matters affecting them. For example, service users were encouraged to participate in the annual reviews of their care and service user meetings. The development of annual service user/representative satisfaction questionnaires was discussed with the registered manager who confirmed that this was a work in progress.

Service users spoken with made the following comments:

- "We like coming to make things."
- "The staff are very good."
- "I like the music best, it makes me happy."

Four satisfaction questionnaires completed and returned to RQIA following the inspection indicated that the care provided was compassionate.

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 their views. A wide range of therapeutic activities was being provided.

Areas for improvement

One area identified for improvement related to the undertaking of a service user satisfaction survey.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which create a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Donna Virtue, the registered manager, was on duty throughout the inspection.

There was a clear organisational structure and all staff was aware of their roles, responsibility and accountability. The organisational structure of the day care centre was outlined within the centre's statement of purpose and service user guide.

An annual certificate of public liability insurance, dated 29 March 2017, was displayed.

A current RQIA registration certificate was displayed.

There was a wide range of policies and procedures in place to guide and inform staff. Policies were retained in hard copy format. Policies/procedures were centrally indexed and retained in a manner which was easily accessible to staff. cursory view of policies and procedures evidenced that the adult safeguarding policy was dated 2015. A review and revision was recommended to ensure that the policy is in accordance with Department of Health (DoH) policy/procedure titled Adult Safeguarding Prevention and Protection in Partnership.

Discussion with the manager and staff confirmed that staff supervision was being provided on a four monthly basis. Four staff satisfaction questionnaires returned to RQIA indicated that staff supervision was provided at least three times during the year.

Discussion with staff confirmed that there were very good working staff relationships within the day centre and that management was always responsive to suggestions and/or concerns.

Three monthly staff meetings were held with minutes recorded. A daily staff briefing meeting was held each morning to provide the care team with an overview of planned attendances, activities and any changes to the day's programme. Discussion took place with the registered manager regarding the title and format of service user meetings and the necessity to recap on the outcome of the previous meeting. The registered manager readily agreed to address both issues.

There was a complaints policy and procedure in place which was in accordance with the legislation and DoH guidelines.

Service users and/or their representatives were made aware of how to make a complaint by way of the service user guide and discussion at service user meetings. Review of complaints records and discussion with the registered manager confirmed that no complaints had been received since the previous care inspection. Satisfaction questionnaires from staff confirmed that staff meetings were held at least three times each year.

There were quality assurance systems in place to drive continuous quality improvement which included audits of care records, environment, accidents/incidents and fire safety. An annual service user satisfaction survey, as referred to within section 6.6 of this report, was recommended and where necessary action plans developed to address issues with improvement implemented into practice

The day centre's annual quality report for 2016/17 was discussed with the registered manager who explained that this report was held in the central office. A copy of the report is to be forwarded to RQIA with the returned QIP.

A review of the previous three monthly quality monitoring visit reports was undertaken. The last report on file was dated April 2017. The registered manager confirmed that visits were undertaken by the registered provider. One requirement was made in regard to retaining records of visits within the day centre as these must be readily available to the registered manager, service user/representatives, staff and commissioning trust personnel in accordance with regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

Discussion took place with the registered manager regarding the necessity to retain regulatory documents within the day centre as staff training, annual quality report, and monthly monitoring visit reports were being retained within the head office of the organisation.

Four satisfaction questionnaires were completed and returned to RQIA following the inspection. Respondents indicated that the care provided was well led.

Areas of good practice

There were examples of good practice found in relation to governance arrangements, quality improvement, communication and good working relationships.

Areas for improvement

Action is necessary to comply with legislation and day care standards in regard to; ensuring that the format of the minutes of service user meetings are reviewed and revised; monthly monitoring visit reports are retained within the centre and that adult safeguarding policy and procedure is reviewed and revised. A copy of the annual report 2016/17, for the day care centre, is to be forwarded to RQIA.

	Regulations	Standards
Total number of areas for improvement	1	2

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, 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 to Day.Care@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007

Area for improvement 1 Ref: Regulation 26 (4) (a) Stated: First time To be completed by: 31 August 2017	The registered person shall ensure that a current fire risk assessment of the day care centre is undertaken by a qualified fire safety person. A copy of the current fire risk assessment is to be retained within the day centre. Ref: 6.4 Response by registered person detailing the actions taken: Fire Risk Assessment of day care centre was carried on Wednesday 30th August by Proactive Fire Safety Consultants.
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Area for improvement 2 Ref: Regulation 28 (5) Stated: First time To be completed by: 3 August 2017.	The registered person shall ensure that the records of monthly monitoring visits undertaken are maintained within the day centre and be available to the registered manager, service user / representatives, staff and commissioning trust personnel and RQIA in accordance with regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Ref: 6.4 Response by registered person detailing the actions taken: Monthly monitoring visits have been undertaken and are available within the day care centre.
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Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

Area for improvement 1 Ref: Standard 23.3 Stated: First time To be completed by: 31 September 2017	The registered person shall ensure that a competency and capability assessment is undertaken of any staff member in charge when the manager is absent. Ref: 6.4 Response by registered person detailing the actions taken: Competency and capability assessments have been carried out on Mrs I Dawson (deputy manager) and Mrs K Poland (Senior day care assistant) who would be the staff members in charge when manager is absent.
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<p>Area for improvement 2</p> <p>Ref: Standard 25.1</p> <p>Stated: First time</p> <p>To be completed by: 15 September 2017</p>	<p>The registered person shall ensure that the following areas within the environment are addressed:</p> <ul style="list-style-type: none"> • Appropriate storages of various items • Unclean floors and dust within in the hallway and outer porch • The provision of window curtains within the areas used by service users and use of table cloths on dining room tables. <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: New portakabin installed on site for storage of all equipment used within the day care centre. Deep clean has been carried out in the day care centre of floors, hallways, porch etc. Manufacturer has been contacted to come to the day care centre to measure for new blinds throughout building.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 3.1</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2017.</p>	<p>The registered person shall ensure that individual service user agreements are developed, which, having regard to the assessment of need, confirms the day care service is suitable and appropriate to his or her needs.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Service user agreements have been developed and are now in place for each service user.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 8.4</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2017</p>	<p>The registered person shall ensure that an annual service user satisfaction survey is conducted and where necessary follow up action taken.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Satisfaction survey has been devised and was sent home with each service user to be completed. All have been returned and are available in each service users file in the day care centre.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2017.</p>	<p>The registered person shall ensure that the format of the minutes of service user meetings are reviewed and revised.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: The format for minutes of service users meetins have been reviewed and revised as per recommendations.</p>

Area for improvement 6 Ref: Standard 8.3 Stated: First time	The registered person shall ensure that a copy of the annual quality report for the day care centre is forwarded to RQIA alongside the returned QIP. Ref: 6.7
To be completed by: 30 September 2017.	Response by registered person detailing the actions taken: Copy of Annual Quality Report was emailed to RQIA (Priscilla Clayton) on the 3rd August 2017.

Please ensure this document is completed in full and returned to Day.Care@rqia.org.uk from the authorised email address



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