

Unannounced Care Inspection Report 15 November 2016



Cairnmount Day Centre

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Cairnmount Day Centre took place on 15 November 2016 from 9.30 to 14.00 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of this inspection the day care setting was found to be delivering safe care. In discussions with staff and service users it was established that staffing levels met the current assessed needs of service users. Within the past year the organisation had increased their staffing levels and staff reported the additional staff had a positive impact on the service provided. Service users consulted confirmed that they were safe and well cared for in the centre.

Observations of the delivery of care provided evidence that service users' needs were being met safely and in a responsive, timely manner by the staff on duty. Arrangements are in place to prevent and protect service users from harm and staff were knowledgeable regarding their role and responsibilities in relation to adult safeguarding policies and procedures.

A tour of the environment found the centre to be clean and well organised with no obvious hazards for service users or staff.

Areas for improvement were identified during the inspection and relate to the choice of meals at lunch time for service users, and a review of the dining experience at lunch time.

Is care effective?

The records examined and discussions with service users and staff established that the day care setting was delivering effective care. Appropriate referral information, assessments and care plans, along with daily notes are maintained. In discussion with service users they spoke of the positive relationship they had with the management and staff team, and confirmed that the care delivered was effective and promoted the best outcomes for them.

The majority of care staff has worked in the centre for many years and they were well organised so that appropriate use of their skills and experience enabled the centre to operate effectively. One member of staff had joined the team from another part of the organisation and there was evidence that induction had taken place.

Areas for improvement were identified during the inspection and relate to the records to be maintained when a service user is subject to restrictive practices and the review of such practices; improvements in the communication between the home and the centre and the implementation of epilepsy plans.

Is care compassionate?

Throughout this inspection evidence of compassionate care was observed. Observations of practice established staff knew each service user very well and were familiar with their interests,

preference and likes and dislikes; conversations were respectful and appropriate. Care practices observed established that service users were treated with respect and were consulted regularly about their comfort and involvement in activities. Service users were noted to be relaxed and content in their environment and engaged in activities provided. Assistance when required was undertaken in a discreet manner and there were good examples of staff using diversion techniques when needed. Systems were in place to ensure that service users and their representatives were involved and communicated with about the issues that affect them.

It was good to note the improvements in information provided for service users and the manager and staff are commended on creating user friendly agreements, service user guide and other information relating to the day care service.

All of the service users consulted commented very positively on the quality of care and their enjoyment of attending the centre.

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

Is the service well led?

There were examples of good practice found throughout this inspection in relation to governance arrangements, ongoing quality assurance programmes and good working relationships within the team. Staff confirmed that they were well supported in their roles and that suitable training was provided.

The manager is based in the centre on a daily basis and staff reported the manager operates an open door policy. In addition, staff reported they had easy access to the registered person who frequently visited the centre.

The responsible person who is not directly involved in the day to day operations of the centre undertakes the monthly quality monitoring visits and provides a report of the visits.

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

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, and the Day Care Settings Minimum Standards 2012.

1.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) within this report were discussed with 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.

2.0 Service details

Registered organisation/registered person: Cairnhill Home 'A' Ltd/Charles Anthony Digney	Registered manager: Donna Virtue
Person in charge of the service at the time of inspection: Donna Virtue	Date manager registered: 23 July 2012

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Registration status of the setting
- Review of previous inspection report/QIP dated 2015
- Review of accident notifications, none submitted to RQIA since previous inspection
- Written and verbal communication received since the previous care inspection

During the inspection the inspector greeted the 21 service users, four of whom were spoken to in private; spoke with the registered manager, the quality manager and three care staff. No professionals visited the centre during the inspection.

The registered manager was provided with questionnaires to distribute to five service users; five staff members and five service users' representatives for completion. The questionnaires asked for the views of service users, staff and service users' representatives regarding the service, and requested their return to RQIA. Completed questionnaires from five staff, three representatives and one service user were returned to RQIA in time for inclusion in this report.

The following records were examined during the inspection:

- Supervision policy and procedure
- Elements of three service users' care records
- Complaint records
- Accident/incident records
- Fire risk assessment
- Service user meetings
- Staff meetings
- Staff training records
- Record of dates of supervision/appraisal
- Record of staff registration with NISCC
- Monthly visits made on behalf of the registered provider

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection dated 2 November 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 26 (2) (i) Stated: First time	The registered person must review the storage facilities within the assisted bathroom and ensure there is safe access to and from the bathrooms. The returned QIP should detail the action plan along with specific timeframes.	Met
	Action taken as confirmed during the inspection: The inspector completed a tour of the building and noted the storage areas had improved. There were no issues identified on this inspection.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 18.1 Stated: First time	The registered person must ensure the continence promotion policy is further developed to include the arrangements for responding to individual needs, staff training and provision of personal equipment.	Met
	Action taken as confirmed during the inspection: There was evidence that the policy had been reviewed as requested. The policy dated 16 November 2015 was available to staff.	
Recommendation 2 Ref: Standard 5.2 Stated: First time	The registered manager must ensure care plans are developed to include the support and assistance each service user needs regarding their continence promotion.	Met
	Action taken as confirmed during the inspection: There was evidence in two care plans examined that the care plans had been revised to include the support and assistance each service user needs regarding their continence promotion.	

<p>Recommendation 3</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p>	<p>The registered manager must ensure there are suitable storage facilities for storing service users' personal belongings. Bags containing personal belongings must not be left on floors where they may pose a trip risk.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>All areas of the day centre were found to be organised and clear of clutter. Service users' personal belongings were stored appropriately.</p>		
<p>Recommendation 4</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p>	<p>The registered person must ensure that all the methods of obtaining service users' views within the day care setting are included in the Service User Involvement Policy.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that the method of obtaining service users views had been reviewed. Each service user is consulted about their activities and routines in the centre. User friendly information had been devised a folder was available for service users containing information on their meetings, how to make a complaint and information on their activities. The policy had been revised and the relevant information was included in the document.</p>		

4.2 Is care safe?

Cairnmount Day Centre provides a day care service for those service users with learning disability under and over the age of sixty five who live within the organisation's nursing homes.

The registered manager is based full time in the day care setting and the hours the registered manager works was recorded on the duty roster. The daily staffing levels for the day care centre were outlined by the registered manager who confirmed that these were subject to regular review to ensure the assessed needs of the service users were met. A review of the duty roster for the months of September and October 2016 evidenced that staffing levels were maintained and this information was confirmed in discussions with staff.

The registered manager reported that since the last inspection an additional member of staff had been employed in the day care setting due to the increased number of incidents with identified service users. This had a positive impact and the number of incidents had decreased. Management are commended on their responsive action to identified/changing needs of service users.

The organisation has a robust staff recruitment policy and procedure that details the arrangements for ensuring that appropriate pre-employment checks are completed for all staff

prior to employment. The recruitment file of one staff member deployed from another part of the organisation confirmed staff were employed in accordance with regulations.

Review of staff training records and discussion with care staff confirmed that they had received induction and mandatory training, including training in safeguarding vulnerable adults undertaken in October and November 2016; and fire awareness undertaken in April and May 2016.

It was good to note that copies of the new regional guidance, Adult Safeguarding; Prevention and Protection in Partnership, was available to staff and management recognised there was a need to enhance staff awareness regarding the new procedures. Staff who were interviewed clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Management reported that there were no current safeguarding concerns.

The organisation's supervision policy details the frequency and procedure to be followed and staff spoken with confirmed they receive supervision on a regular basis. Supervision records and responses in returned questionnaires provided further evidence that staff receive supervision at least quarterly.

The day centre has a range of fire protection measures in place and these included a fire detection and alarm system, emergency lighting, and fire-fighting equipment. A fire risk assessment had been completed in June 2015 and there was evidence that arrangements were in place to undertake regular tests of the fire alarm system and a fire drill. Fire exits and corridors were observed to be clear of clutter and obstruction.

The serving of the midday meal was observed. The meals are prepared in the nursing home and are presented individually for each service user. It was noted there was only one choice available and the inspector was informed that service users choose their menu in their nursing home. Should a service user decide they are not content with the meal they can request another choice and an alternative is provided. In accordance with the minimum standards the registered provider should ensure the lunch menu offers a choice of meal to service users, including those on therapeutic or specific diets.

Service users dine in their activity rooms and it was noted that some service users continued with activities when other service users were eating. The registered manager and staff agreed to review the dining experience to ensure that lunch is a relaxed enjoyable experience.

All service users spoken with confirmed that they were satisfied with the choice of meals served and that individual preferences were catered for if requested.

A tour of the environment found the centre to be clean and well organised with no obvious hazards for service users or staff.

Areas for improvement

Two areas for improvement were identified during the inspection and relate to the choice of meals at lunch time for service users, and a review of the dining experience at lunch time.

Number of requirements	0	Number of recommendations	2
-------------------------------	---	----------------------------------	---

4.3 Is care effective?

Five care records were selected for review and confirmed that these records were generally maintained in line with legislation and standards. All records included a photograph of the service users; assessment of needs; risk assessments; care plans and care reviews; and a service user agreement. Records were observed to be stored securely.

There was evidence in service users' records of the input provided by other professionals, such as Speech and Language Therapists, Psychologists, Positive Behaviour Team and Occupational Therapists. Staff described these inputs as being valuable, and ensured that the care delivered to service users was effective.

It was noted in one behavioural assessment that reactive strategies recommended by the behaviour support team were not implemented in accordance with the guidance. The assessment included a reactive behaviour strategy to prevent "hand mouthing". This strategy was to be implemented by staff to prevent injury and promote healing if the service user's hands became excoriated. The strategy involved the use of a hand apron that restricted the hand movement of the service user and was therefore a form of restraint. In accordance with regulations, on any occasion when a service user is subject to restraint a record of the circumstances, including the nature of the restraint, must be maintained. The strategy clearly stated that the apron to prevent the behaviour should not be used when the service user was travelling in a car or bus. The inspector was informed that the service user had arrived to the centre with the apron in place. Staff were unable to provide an explanation for the use of this apron as there had been no communication from the home to inform day care staff of the reason the reactive strategy has been implemented at this particular time. When a specific approved behaviour plan is in place staff must implement and adhere to the agreed approaches.

Preventative strategies to minimise the service user's behaviour had also been recommended within the assessment. Records examined did not provide any details of when the preventative or reactive strategies were deployed. The lack of records made it impossible to ascertain if the behaviour had reduced or if the interventions had modified the identified behaviour. Records should be maintained so progress or deterioration in behaviour can be identified.

It was noted that the behavioural assessment was dated 1 November 2012 and included a "Best interest argument"; however, there was no evidence that the assessment or the strategies had been reviewed during any of the subsequent annual care reviews. Any restrictive practice must be reviewed regularly to ensure the practice remains in the best interests of the service user.

Management should improve the communication arrangements between the home and the day centre to ensure all staff are providing an effective support system for the identified service user.

An additional two care records examined had no evidence of epilepsy plans. The inspector was informed that a specialist nurse was attending the centre within the forthcoming week and care plans would be devised and implemented. The registered provider should confirm in the returned QIP that epilepsy plans are in place for the identified service users.

Care staff stated there was effective teamwork and those who were interviewed spoke of the support available that included quarterly supervision, daily briefs, staff meetings and informal communication on a daily basis. Care staff observed during the inspection clearly demonstrated they had the knowledge, skill and experience necessary to fulfil their roles and responsibilities. Staff related if they had any concerns, they would raise these with the senior support worker or the registered manager, and stated that the registered manager operated an open door policy.

Information in relation to how to make a complaint was included in the service user guide and was displayed in the entrance to the centre. Information on making a complaint was presented in a user friendly manner and management and staff are commended on this initiative.

The complaint record reviewed corresponded with the information in the returned complaint form submitted to RQIA for the period 1 April 2015 to 31 March 2016.

Those service users consulted were aware of how to raise any issues or concerns and named staff they would talk to in these circumstances.

Areas for improvement

Areas for improvement were identified during the inspection and relate to the records to be maintained when a service user is subject to restrictive practices and the review of such practices; improvements in the communication between the home and the centre; and implementation of epilepsy plans.

Number of requirements	1	Number of recommendations	2
-------------------------------	---	----------------------------------	---

4.4 Is care compassionate?

Service users who spoke in private with the inspector confirmed management and staff listen to them, offer them choices and involve them in decision making during their time in the day care setting.

Care practices observed established that service users were treated with respect and were consulted regularly about their comfort and involvement in activities. It was evident that staff knew each service user well and were familiar with their interests and preference; conversations were respectful and appropriate.

Assistance when required was undertaken in a discreet manner and there were good examples of staff using diversion techniques when needed. Discussions with service users and observation of practice confirmed that service users' needs were recognised and responded to in a prompt, courteous and supportive manner by staff.

Systems were in place to ensure that service users and their representatives were involved and communicated with about the issues that affect them. Not all service users could comment on how they were involved in their care due to their non-verbal communication; however, using Makaton signs and gestures they were able to confirm they were happy in the centre.

Records examined relating to annual care reviews and care plans, and discussion with three service users, provided evidence that service users and/or their representatives were fully involved in planning their care and that their views and preferences were valued by staff.

There was a relaxed ambience throughout the day and service users were observed chatting amongst themselves and to staff; it was evident they had developed good relationships and enjoyed each other's company. All of the service users consulted commented very positively on the quality of care and their enjoyment of attending the centre.

Discussions with service users along with observations of practice during this inspection confirmed that service users were supported to engage and participate in different activities. Service users were observed participating in Makaton singing, crafts, completing jigsaws, sensory and general discussion. It was evident that the activities were based on service users' interests.

The registered manager confirmed that service users were listened to, valued and communicated with, in an appropriate manner and this was evident through the periods of observations. Members of staff who met with the inspector advised how service users choose what they want to do and provided examples of when they individually had afforded choices to service users.

The views of service users are sought during the monthly quality monitoring visits and these were viewed in the monthly reports for August, September and October 2016.

Informally service users are consulted on a daily basis in discussions with staff and the management team. Formally they are consulted during the quarterly service users' meetings. Service users spoken with during the inspection commented positively in regard to the care they received:

- "I really enjoy coming here and helping staff; I like the crafts and the fact that staff listen to what I like doing."
- This is a great place; I get to do lots of different things."

One service user spoke of how his health had improved since his move to the organization. He spoke of how staff had helped him lose weight and spoke of the encouragement and support he had received and the positive benefits this had on his life.

The five staff, five service users and a relative who returned a questionnaire indicated overall satisfaction with the provision of compassionate care.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

4.5 Is the service well led?

The day centre is managed by a registered manager who is supported by a team of care staff. The inspector was informed that the registered provider regularly visits the centre unannounced and staff can approach him if they have any concerns or queries.

Discussion with staff evidenced that there was a clear organisational structure within the day care setting and staff were fully aware of the organisational structure within the day care setting and the organisation. Staff could describe their roles and responsibilities and were

knowledgeable regarding their professional accountability. A record of staff registration with NISCC is maintained and was found to be up to date.

On the day of inspection the quality manager attended the inspection and reported on the organisation's improvement agenda, staff training, supervision and induction.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. There was evidence that the policies had been reviewed in 2015. Staff confirmed that they had access to the day centre's policies and procedures at all times.

The certificate of registration issued by RQIA was displayed in a prominent position in the entrance to the day care setting.

A regular audit of accidents and incidents was undertaken and was available for inspection. The audit outcomes are used to identify trends and to enhance service provision. The registered manager and personnel co-ordinator spoke of the ISO audit undertaken annually and the benefits of this audit.

Monthly monitoring visits were undertaken as required under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007; reports were produced and made available for service users, their representatives and RQIA.

It was evident from observations and discussions with staff that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
-------------------------------	---	----------------------------------	---

5.0 Quality improvement plan

Any issues 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to RQIA's office for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 14.4 Stated: First time To be completed by: 31 December 2016	(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. (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.
	Response by registered provider detailing the actions taken: Restrictive strategies are reviewed on ongoing basis.
Recommendations	
Recommendation 1 Ref: Standard 7.4 Stated: First time To be completed by: 31 December 2016	The registered provider should ensure communication between the nursing home and the day centre are improved.
	Response by registered provider detailing the actions taken: Areas identified and improvements in place.
Recommendation 2 Ref: Standard 5.2 Stated: First time To be completed by: 31 December 2016	The registered provider should confirm that epilepsy plans are in place for all service users who attend the centre.
	Response by registered provider detailing the actions taken: Contacted epilepsy nurse specialist within the trust awaiting her response.

<p>Recommendation 3</p> <p>Ref: Standard 10.2</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2016</p>	<p>(a)The registered provider should ensure the lunch menu offers a choice of meal to service users, including those on therapeutic or specific diets.</p> <hr/> <p>Response by registered provider detailing the actions taken: See policy 39 attached</p>
<p>Recommendation 4</p> <p>Ref: Standard 10.5</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2016</p>	<p>The registered provider should review the dining experience to ensure that lunch is a relaxed enjoyable experience.</p> <hr/> <p>Response by registered provider detailing the actions taken: Continued observation before meal times.</p>



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews