

Unannounced Care Inspection Report 16 October 2018



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

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 twenty five places that provides care and day time activities for people living with a learning disability. The centre provides care only to those people who live in Cairnhill Nursing Home and is opened Monday to Friday.

3.0 Service details

Organisation/Registered Provider: Cairnhill Home 'A' Ltd	Registered Manager: Donna Virtue
Responsible Individual(s): Charles Anthony Digney	
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 16 October from 10.00 to 16.00 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 service was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to leadership, staffing, staff training, safeguarding vulnerable adults, consultation with and inclusion of service users in decision making, and the environment.

Areas requiring improvement were identified in regard to the further development of the Statement of Purpose, Monthly Monitoring Reports along with training for supervisors.

Service users said:

- "I am happy here, I like drama and the staff."
- "My friends are here and we do different things."
- "I like the dinner they are good."
- "We are getting ready for our Halloween party and I am helping to make decorations."

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

Details of the Quality Improvement Plan (QIP) were discussed with James Digney, Director, Donna Virtue, Registered Manager and Irene Dawson, Deputy 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 02 August 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 02 August 2017.

5.0 How we inspect

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

- Record of notifications of significant events
- Record of complaints
- Inspection report from the previous inspection on 02 August 2017
- The RQIA duty log of contacts with, or regarding Cairnmount Day Centre
- The Statement of Purpose
- The Annual Quality Review Report, dated 5 May 2018

During the inspection the inspector met with all service users, spoke to four service users individually in private and eight other service users in their groups. Four day care staff were interviewed individually and a brief discussion was held with another care staff member in their work environment. The following records were examined during the inspection:

- RQIA Registration Certificate
- Certificate of Public Liability
- Statement of purpose and Service User Guide.

The following records were examined during the inspection:

- Three service users' files.
- Service users agreement
- The Statement of Purpose and Service user guide
- Reports of four monitoring visits for July, August, and September 2018.
- Staff recruitment and selection records
- Staff induction programme and record
- Staff training records for 2018, including future scheduled training.
- Staff supervision / appraisal schedule
- Staff meetings dated 19 February, 10 April, and 21 September 2018
- Management meeting 21 June 2018
- Record of complaints
- Record of incidents and accidents
- Fire risk assessment

- Fire safety records
- A random selection of policies/procedures relating to this inspection
- Audits of practice.

Ten satisfaction questionnaires were provided for distribution to service users (5), and relatives (5) for completion and return to RQIA. A range of information for staff and relatives on how to contact RQIA was provided to the registered manager.

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 last care inspection dated 2 August 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 26 (4) (a) Stated: First time 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	Met
	Action taken as confirmed during the inspection: Evidence was provided in the returned Quality Improvement Plan and confirmed during the review of records that a fire risk assessment was undertaken on 30 August 2017 by a competent fire safety officer.	
Area for improvement 2 Ref: Regulation 28 (5) Stated: First time To be completed by:	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	Met

3 August 2017.	<p>Care Setting Regulations (Northern Ireland) 2007.</p> <p>Ref: 6.4</p> <p>Action taken as confirmed during the inspection: A review of the record of monthly monitoring visits established that these were maintained within the day centre and are available to the registered manager and other interested persons.</p>	
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 23.3</p> <p>Stated: First time</p> <p>To be completed by: 31 September 2017</p>	<p>The registered person shall ensure that a competency and capability assessment is undertaken of any staff member in charge when the manager is absent.</p> <p>Ref: 6.4</p> <p>Action taken as confirmed during the inspection: The response in the returned Quality Improvement Plan and a review of staff records established that competency and capability assessments had been completed for the named staff who assume responsibility for the centre in the absence of the registered manager.</p>	Met
<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>Action taken as confirmed during the inspection: A review of the environment and the evidence detailed in the returned Quality Improvement Plan confirmed that all areas detailed above had been actioned.</p>	Met

<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>Met</p>
<p>Records examined and the information detailed in the returned Quality Improvement Plan confirmed that each service user had an agreement in place.</p>	<p>Met</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>Action taken as confirmed during the inspection:</p> <p>Evidence of the development and completion of annual service user satisfaction surveys was viewed on the day. No issues were identified in the random selection of surveys examined.</p>	<p>Met</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>Action taken as confirmed during the inspection:</p> <p>A review of the minutes of service users meetings found that the format had been further developed.</p>	<p>Met</p>	
<p>Area for improvement 6</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p>		<p>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.</p> <p>Ref: 6.7</p>

To be completed by: 30 September 2017.	Action taken as confirmed during the inspection: The annual Quality Report was submitted to the named inspector as requested in August 2017.	
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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 staffing arrangements in Cairnmount day centre were found to be satisfactory for the number of service users attending the centre. Records are maintained of the staff on duty and staff consulted fully understood their various roles and responsibilities. Records viewed confirmed that staff receive mandatory training and other appropriate training relevant to their roles and responsibilities. Competency and capability assessments had been completed for named staff who assumed responsibility for the centre in the absence of the registered manager. Discussions with the registered manager and staff along with observation of practice confirmed that the staffing numbers were appropriate to meet the assessed needs of the service users.

Recruitment files for three staff were examined and established that staff were recruited in accordance with regulations and minimum standards.

Staff confirmed in discussions that newly appointed staff followed an induction programme, records reviewed indicated that the induction requirements were met at appropriate intervals and were signed off by both the staff member and the registered manager. A staff member consulted spoke of the induction they had received on commencement of duty and indicated that the programme was very beneficial and essential for new staff. A system was in place to monitor the NISCC registration and renewal dates for care staff.

The registered manager confirmed that 'Adult Safeguarding, Prevention to Protection in Partnership Policy and Operational Procedures', issued in July 2015, have been incorporated in the centre's policy and procedures manual and that all staff had received appropriate training. The registered manager and staff demonstrated an understanding of their respective roles in safeguarding vulnerable adults, with staff confirming their commitment to report concerns.

Staff confirmed that they felt care was safe in the centre and that they had confidence in the practice of their colleagues in the team. The deputy manager, who takes charge in the absence of the manager, said she was confident that all staff understands the appropriate measures to implement to ensure the safety and wellbeing of service users. Each of the staff demonstrated an understanding of the need to continually assess risks regarding service user's mobility, involvement in activities and safety awareness when on outings, including while travelling in the day centre's vehicles.

A review of notifications forwarded to RQIA and cross referenced with the settings records confirmed that there had been an accident dated 25/08/2018. The action taken was timely and appropriate.

There was evidence that forms of restraint, such as lap belts and hand aprons is appropriately assessed with the involvement of the multi-professional team, these practices are minimised, documented and reviewed as required. Staff consulted were fully aware of their roles and responsibilities in regard to any practice that might restrict a service user's movement. A range of appropriate policies and procedures relating to restraint/restrictive practice and behaviours which challenge were in place.

Fire prevention records showed that daily, weekly and monthly checks and tests were carried out appropriately, in keeping with fire safety procedures. A fire risk assessment was undertaken on 30 August 2017 with some minor recommendations, there was evidence that the actions identified had been fully addressed. Fire safety training for staff was provided in April and May 2018 with a further training organised for November 2018.

The premises were found to be well maintained and in good decorative order, with no obvious hazards for service users or staff. Observations of the environment and inspection of records provided evidence that the centre was safe, clean and tidy. Infection prevention and control measures were in place and a good standard of hygiene was evident throughout. This included the provision of liquid soap dispensers, the availability of hand sanitisers and the display of hand hygiene notices at wash hand basins. Staff confirmed that training has been undertaken with respect to Infection Prevention and Control.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, prevention and control, risk management and the environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The statement of purpose and service user's guide for the centre was reviewed during this inspection. Further information regarding the range of needs the centre can accommodate should be clearly described to ensure the information required by regulations and minimum standards is reflected in the documents. A copy of the revised statement of purpose should be submitted to RQIA on return of the Quality Improvement Plan.

Four service users' files were examined during this inspection and were found to contain referral and assessment information on the individual.

Care plans were structured in a format that provided information on the person's assessed needs, and the actions required to meet the identified need. Each of the files examined contained risk assessments appropriate to the individual service user, making the risk and vulnerability levels clear for staff involved in the work with that person. Entries were made in keeping with the frequency stipulated by the minimum standards. Systems are in place to review the service users' placement within the centre and ensure that it is appropriate to meet their health and social care needs. It was noted that a record of the dates for annual reviews was maintained however not all minutes of care reviews had been received from the Trust. The registered manager reported on the action taken to obtain the minutes of the meetings. It was suggested that the registered manager maintains a record of the action implemented to address this issue.

It was noted that care records are maintained in line with the legislation and best practice guidance and were stored safely and securely in line with data protection requirements. All staff are in receipt of training on GDPR.

Care records examined contained an individual written agreement that set out their terms of the service user day care placement. It was recommended that the agreement is revised to accurately detail the individual arrangement in regard to service users' assessed need for day care and the fees or charges associated with the placement. An area for improvement was made in this regard.

There are adequate rooms available for group activities and the groups are planned in relation to the service users' needs, choices and agreed programmes. Observations of the activities during the inspection confirmed that, where assistance was required, for example with mobilising or personal care, staff provided it discretely and respectfully. Service users presented positive views of the enjoyment and support that they gained from taking part in the centre's activities, such as arts and crafts, drama and music. Service users confirmed that meals were always of a good standard.

Service users were aware of who to speak to should they have any concerns. Staff were fully familiar on the process for responding and reporting concerns or issues.

Overall, the evidence gathered during the inspection indicated that the care provided within Cairnmount Day Centre is effective in promoting each service user's wellbeing and fulfilment.

Areas of good practice

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

Areas for improvement

Two areas for improvement were identified in regard to the statement of purpose and service user agreement.

	Regulations	Standards
Total number of areas for improvement	0	2

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.

Observations of activities throughout the centre provided evidence of service users and staff relating positively to each other in a respectful manner. All of the service the users were introduced to the inspector and were enthusiastic in talking about the activities in which they engaged throughout their time in the centre. Service users confirmed that they decide what they want to do and can opt out of any activity or join another activity if they prefer. Several people told the inspector the importance of their friendships with friends and staff. Four service users spoke individually with the inspector and all provided enthusiastic comments on the enjoyment they got from attending the centre and the kindness and caring qualities of staff members.

Staff members presented as being committed to providing service users with purposeful and enjoyable experience at the centre and in community based activities. On the day of the inspection four service users went to view Halloween displays in Carlingford. During observations staff were noted to engage with service users with warmth, encouragement and respect. Staff demonstrated an understanding of each service user's assessed needs and individual care plans. Observation of practice confirmed that service users were afforded choice and were seen to be encouraged by staff in fulfilling and enjoying activities.

The systems in place to ensure that the views and opinions of service users were sought and taken into account included an annual satisfaction survey, annual care reviews, informal daily communication, formal service users meetings and the monthly monitoring visits.

Staff and service users confirmed that service user meetings were held regularly. Records of these were available but were not examined on this occasion. In addition to discussions of matters arising in the centre, service users were regularly consulted on the planning of events and activities within the centre. The encouragement of service users' involvement in planning appears to contribute positively to their confidence in expressing their views.

Records for service users were presented in appropriate formats that helped each person to understand the content. During each monthly monitoring visit, the views of a sample of service users were sought and their comments were included in all of the monthly monitoring reports examined. Complaint information for service user was examined and it was good to note that the centre was using the Department of Health guidance for making a complaint. However it was recommended that the information should be reviewed to ensure it is specific to the day centre and is more user friendly as most of the information provided was in a written format and an area for improvement is made in this regard.

Ten questionnaires were provided to the registered manager to distribute to service users and representatives. No questionnaires were returned in time for inclusion in this report.

The overall evidence presented at this inspection confirms that compassionate care is provided in Cairnmount day centre.

Areas of good practice

Examples of good practice found throughout the inspection included, communicating with service users appropriately, listening to and valuing service users, individualising communication methods with each person, involving service users' views in the decision making process.

Areas for improvement

One area for improvement was identified during the inspection which related to making complaint information specific to the day centre and more user friendly.

	Regulations	Standards
Total number of areas for improvement	0	1

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 registration certificate was up to date and displayed appropriately.

A certificate of public liability insurance dated 29 March 2018 was displayed in the office.

The statement of purpose for the day care service was reviewed. The document does not clearly describe the range of needs the centre the day centre can accommodate. An area for improvement is made in this regard.

There was evidence in the centre's most recent annual quality survey to show that service users rated the service positively.

Staff training records confirmed that staff had received mandatory training and training specific to the needs of service users in this setting. Discussions with staff and examination of records confirmed that staff meetings were held three monthly and that the staff team are involved in discussing issues related to the operations of the centre. In addition the management team meet regularly to discuss issues pertinent to care and improvement. Staff reported that the registered manager updated information regularly and that they were consulted on a range of decision making aspects of the service. The discussions with staff, confirmed that working relationships within the team were positive and supportive.

A range of policies and procedures to guide and direct staff practice were in place and there was evidence that these were revised and updated in accordance with the minimum standards. It was recommended that the Quality Improvement Policy is revised and made specific to the day centre and an area for improvement is made in this regard.

Staff consulted were knowledgeable about whistle blowing and the relevant policy and confirmed they had no issues or concerns regarding their colleagues practices.

Those staff consulted were aware of the process to follow and who to contact in the event they had a concern.

Staff who met with the inspector were well informed on all aspects of the centre's operations and proved very able in contributing to the inspection. Discussion with the registered manager revealed that formal supervision was not taking place in keeping with the minimum standard and an area for improvement is made in this regard. It was further noted as an area for improvement that staff with supervision responsibility have training relevant to the topic. There was evidence from discussions with staff to confirm that ideas for improvement are encouraged and staff stated that the involvement of the directors motivated the team to maintain and improve the efficiency and effectiveness of the centre.

Four monthly monitoring reports were examined and were found to lack detail; it was recommended that the monitoring visits address all of the matters required by regulation. Each report should contain sufficient feedback from discussions with service users and staff members about the quality of the service. An area for improvement is made in this regard.

Overall, the evidence available at this inspection confirmed that Cairnmount Day Centre is well led.

Areas of good practice

Examples of good practice found throughout the inspection included, planning, staff training, information sharing, governance arrangements, management of complaints, management of incidents and accidents, promoting interests and fulfilment for service users.

Areas for improvement

Three areas for improvement were identified during this inspection in regard to the further development of monthly monitoring reports, staff supervision and the quality improvement policy.

	Regulations	Standards
Total number of areas for improvement	0	3

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with James Digney, Director, Donna Virtue, Registered Manager and Irene Dawson, Deputy Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting.

The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
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 Ref: 6.5
	Response by registered person detailing the actions taken: Statement of purpose and Service user guide have been revised. Copy of Statement of purpose submitted to RQIA
Area for improvement 2 Ref: Standard 3.1 Stated: First time To be completed by: 30 November 2018	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. Ref: 6.5
	Response by registered person detailing the actions taken: Service user agreement is in process of being reviewed, some ammendments have been made, awaiting response from inspector prior to circulation of same.
Area for improvement 3 Ref: Standard 14.3 Stated: First time To be completed by: 30 November 2018	The registered person shall ensure complaint information for service users is specific to the day centre and more user friendly. Ref: 6.6
	Response by registered person detailing the actions taken: Complaint information now available in service user friendly format.
Area for improvement 4 Ref: Standard 17.10 Stated: First time To be completed by: 30 November 2018	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. Ref: 6.7
	Response by registered person detailing the actions taken: \this has been started at monthly visits since inspection
Area for improvement 5 Ref: Standard 18.1	The registered person shall revise the Quality Improvement Policy and ensure it is relevant to the day care setting. Ref: 6.7

<p>Stated: First time</p> <p>To be completed by: 30 November 2018</p>	<p>Response by registered person detailing the actions taken: Quality policy updated and added to policy file in center.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 22.1 and 22.2</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2018</p>	<p>The registered person shall ensure;</p> <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 <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Spreadsheet is now in place to record staff supervision. Supervision training has been arranged for February 19.</p>



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