

Unannounced Care Inspection Report 26 July 2016



96 Beechill Road

Type of Service: Day Care Setting

Address: Linden House, Beechill Business Park, Belfast, BT8 7QN

Tel No: 02890699130

Inspector: Michele Kell

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of 96 Beechill Road took place on 26 July 2016 from 09.45 to 13.30 Hours.

The inspection sought to assess progress with any issues raised during and since the previous 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 the inspection the day centre at 96 Beechill Road was found to be delivering safe care. Observations of care practices showed there was a culture that ensured service users were safe and protected from harm. Staff were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding. A general inspection of the day care setting confirmed that the premises were adequate but the acting manager discussed how the day care setting were seeking to improve the day care experience for their service users and this may involve moving to new premises. Two areas for quality improvement relating to safe care were identified during this inspection and refer to the storage of continence products, and the placement of signage regarding hand hygiene at appropriate areas.

The domain of "Is care safe?" has been assessed as 'Good.'

Is care effective?

On the day of the inspection it was assessed that the care in 96 Beechill Road was effective. Observations of staff interactions with service users and discussions with staff and relatives provided evidence of effective care. Service users' records were examined and there was evidence of individual assessments and plans stored for each individual. Incident recording, complaints, audits and communication arrangements were also recorded and information had been used to improve future outcomes. No areas for quality improvement relating to effective care were identified during this inspection.

The domain of "Is care effective?" has been assessed as 'Good.'

Is care compassionate?

On the day of the inspection 96 Beechill Road was found to be delivering compassionate care. Observations of care delivery evidenced that service users were treated with dignity and respect. Staff were observed responding to service users' needs promptly and professionally. Discussions with relatives provided evidence they were listened to, valued and communicated with, in an appropriate manner. No areas for quality improvement were identified.

The domain of "Is care compassionate?" has been assessed as 'Good.'

Is the service well led?

On the day of this inspection there was evidence of effective leadership, management and sound governance arrangements in 96 Beechill Road. Staff confirmed that they were well supported in their roles and that suitable training was provided. A monitoring officer who is not directly involved in the day to day operations of the centre visited monthly and provided a report of the visits. One area for improvement was identified during the inspection and this related to

information within the Statement of Purpose which identified the wrong person as the registered provider.

The domain of “is the service well led?” has been assessed as ‘Good.’

This inspection was underpinned by The Day Care Settings Regulations (Northern Ireland) 2007, the Day Care Setting Minimum Standards 2012 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Kate Price, acting manager, and Maria Waugh senior day care worker 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.

1.2 Actions/enforcement taken following the most recent type e.g. care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

Registered organisation / registered provider: Autism Initiatives/Mr Andrew Grainger	Registered manager: Kate Price (acting manager)
Person in charge of the day care setting at the time of inspection: Maria Waugh	Date manager registered: (acting manager)
Number of service users accommodated on day of inspection: 2	Number of registered places: 6

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Written and verbal communication received since the previous care inspection
- The previous care inspection report.

During the inspection the inspector met with:

- The acting manager and senior day care worker
- Three care staff
- Two service users
- The director of the organisation.

Questionnaires were given to the staff on duty to distribute between, representatives and staff in the centre. Three were returned by staff and the content is discussed in the main body of the report.

The following records were examined during the inspection:

- Complaints record
- Accident/untooward incident records
- Staff supervision and appraisal records
- Elements of two service users' care files
- Sample of policies and procedures
- Sample of quality assurance audits
- Staff training records
- Minutes of staff meetings
- Minutes of service user meetings
- Three monthly monitoring reports.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 06 May 2015

The most recent inspection of the establishment was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 06 May 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 21.4 Stated: First time	<p>The registered manager should make appropriate arrangements to improve staff awareness, competence and confidence regarding continence care and promotion. Specifically intimate care and continence promotion. This should be provided as training or an awareness session for staff.</p> <p>The returned quality improvement plan must detail arrangements in place to address this improvement.</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector viewed evidence that staff had training regarding intimate care and continence promotion in November 2015.</p>	
Recommendation 2 Ref: Standard 18 Stated: First time	<p>The registered person will make appropriate arrangements for the settings continence promotion and care policy and procedure to be improved as identified during this inspection. It should be consistent with current practice and the document should contain a clear focus on continence promotion.</p> <p>The returned quality improvement plan must detail the arrangements put in place to complete this and date for implementation of the improved policy and procedure.</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector viewed the Continence promotion and Care policy which was updated in May 2015 and was satisfied it was consistent with current practice in respect of continence promotion.</p>	

4.3 Is care safe?

The acting manager and senior day care worker outlined the planned daily staffing levels for the day care centre, and confirmed that these levels ensured the assessed needs of the service users were met. Two service users attended the day centre on the day of inspection and the inspector was advised that no more than three service users are accommodated on the premises. The current premises have limited space and no outside area; the needs of the

attending service users are complex and intensive and the inspector was informed that the organisation is considering a move to different premises.

Staff who were consulted confirmed that staffing levels met the assessed needs of the service users. Observation of the delivery of care provided evidence that service users' needs were met by the staff on duty.

There is robust staff recruitment policy and procedure. The acting manager confirmed the arrangements in place to ensure information pertaining to all of the matters specified in Schedules 2 and 5 of The Day Care Setting Regulations (Northern Ireland) 2007 were reviewed. Recruitment records viewed were compliant with legislation and best practice.

The staff training record evidenced the staff team had received mandatory training and other training appropriate to their role and responsibilities. Discussion with the acting manager and senior provided assurance that the staff training programme is planned and meets individual staff needs as well as specific service user needs.

Discussion with the acting manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. A review of two staff files confirmed that supervisions were completed for staff on a quarterly basis and staff appraisals were completed annually. Discussion with staff and review of completed staff questionnaires confirmed that staff had received supervision and appraisal accordingly.

Review of elements of two service user's care records confirmed reviews of the individual's day care placement had taken place annually.

The acting manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Management reported that there were no current safeguarding concerns ongoing. On the day of the inspection restrictive practices in place were observed to be appropriate, assessed and documented. It was good to note that the new regional guidance Adult Safeguarding; Prevention and Protection in Partnership had informed the Adult Safeguarding policy (September 2015).

The environment was observed during a general walk about the setting and when talking to staff and the service users. The general state of the setting was clean, tidy and there were no mal odours. Staff discussed plans to replace the floor covering which was observed to be badly stained. The inspector viewed the toilets and changing areas and noted continence products on the floor and on the cistern despite a closed cabinet being available. A recommendation is made in this regard and a further recommendation is made in respect of ensuring visible hand hygiene instructions are located appropriately.

Areas for improvement

Two areas for quality improvement relating to safe care were identified during this inspection;

- The proper storage of continence products
- The placement of appropriate signage regarding hand hygiene at appropriate areas.

Number of requirements	0	Number of recommendations:	2
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4.4 Is care effective?

Discussion with the acting manager senior day care worker and three staff established the day care setting responded appropriately to and met the assessed needs of the service users. Discussions with a service user's representative also concluded that needs are being met in the day service.

The review of elements of two service user care files identified there was robust assessment information in place. Current person-centred care plans are very detailed and specific and outline clearly individual methods of communication and interpretation of behaviours. Care records were updated regularly to reflect changing needs. Service user representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. The care records reflected multi-professional input into the service users' health and social care needs at annual review and restrictive practice review.

Service users who currently attend 96 Beechill Road day care are described as non-verbal and therefore were unable to communicate their satisfaction levels with the care provided. A representative spoken to on the telephone following the inspection stressed how staff provide care in a very specific individual manner from the moment transport arrives until the service user is returned home

Staff stated that there was effective teamwork and those who were interviewed or observed during the inspection clearly demonstrated the knowledge, skill and experience necessary to fulfil their roles and responsibilities. Staff also confirmed that if they had any concerns, they would raise these with senior staff if necessary.

Staff meetings are convened regularly and the inspector viewed minutes of meetings for March and May 2016.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

Staff interactions with service users were observed to be compassionate, caring and timely. Service users were afforded choice, privacy, dignity and respect.

Staff demonstrated a detailed knowledge of service users', preferences and assessed needs as identified within the service users' care plan. Relationships between all staff and service users were observed to be relaxed and friendly. Discussions with staff concluded that they are working in a very person centred way and strive daily to interpret the service users' wishes. Staff provided examples of sensitive perceptive interventions implemented to improve the comfort and care of those who attend the centre.

Care records confirmed that a service user's quality of life had been transformed as they had been enabled to access community facilities after gradual and persistent staff encouragement and support.

A representative confirmed that the centre provided care in a safe compassionate manner and that staff communicated effectively on all relevant matters.

An annual survey about the standard and quality of the day service is undertaken and actions taken following survey results from 2015/2016 were discussed with the inspector.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

The registered manager is currently on long term leave and Kate Price has been appointed as acting manager.. The senior day care worker continues to assume responsibilities for the day care activities with support from the manager.

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

Monthly monitoring visits were being undertaken in accordance with Regulation 28 of The Day Setting Regulations (Northern Ireland) 2007. The reports showed that all of the required aspects of the centre's operations were checked, with action plans introduced to ensure that any shortcomings would be addressed within a specified timescale. Completion of monitoring action plans were revisited by the monitoring officer in subsequent visits.

Appropriate records are kept of all complaints and the centres complaints policy is in accordance with relevant legislation.

The senior day care worker confirmed a range of policies and procedures were in place to guide and inform staff. Staff confirmed that they had access to the centre's policies and procedures. Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibilities in relation to raising concerns. A service user's representative was aware of the roles of staff within the day centre and who to speak with if they wanted advice or had any issues or concerns.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Staff expressed their confidence in the management of the service commenting;

"We have a good team".

"I am very lucky to work here".

"The support I get is tremendous".

The inspector reviewed the statement of purpose and noted that the name of the registered provider had been incorrectly recorded. The acting manager advised the inspector that this would be amended as soon as possible.

Areas for improvement

The statement of purpose must be reviewed to accurately reflect the name of the registered provider.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Kate Price, acting manager, and Maria Waugh senior day care worker 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 (Insert Service Type). 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 Settings Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to day.care@rqia.org.uk 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

Recommendations

Recommendation 1

Ref: Standard 27 (3)

Stated: First time

To be completed by:
Immediate and ongoing

The registered person should promote safe and healthy working practices in respect of infection control.

Refers to ensuring continence products are appropriately stored.

Response by registered provider detailing the actions taken:

All continence products are now stored within an appropriate cupboard that is specifically used for this purpose only.

Recommendation 2

Ref: Standard 27.6

Stated: First time

To be completed by:
26 September 2016

The registered person should ensure that publicly displayed health and safety procedures are in formats that are easily understood.

Refers to the absence of hand hygiene instructions in the centre.

Response by registered provider detailing the actions taken:

Signs in user friendly format that are visible and easy-read with clear instructions on hygiene and handwashing are now in place in all toilet, bathroom and kitchen areas.

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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