



96 Beechill Road
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Belfast
BT8 7QN

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**Unannounced Care Inspection
of
96 Beechill Road

6 May 2015**

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 06 May 2015 from 09.20 to 14.45. Overall on the day of the inspection the Day Care Service was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

There were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

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

The details of the QIP within this report were discussed with the Registered Manager, Ms Alison Robinson as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr Andrew Granger	Registered Manager: Ms Alison Robinson
Person in Charge of the Day Care Setting at the Time of Inspection: Ms Alison Robinson	Date Manager Registered: 11 November 2014
Number of Service Users Accommodated on Day of Inspection: Two	Number of Registered Places: Six

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 5 Care plan:

Where appropriate service users receive individual continence promotion and support.

Standard 8 Service users' involvement:

Service users' views and comments shape the quality of services and facilities provided by the Day Care Setting

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed: notifications of incidents sent to RQIA in compliance with regulation 29, RQIA duty log and activity log for this day care setting; and the quality improvement plan from the last care inspection on 12 January 2015.

During the inspection the inspector met with two service users; three permanent staff and one agency member of staff. There was no visiting professionals or representatives/family members in the day care setting at the time of this inspection.

The following records were examined during the inspection: two service users individual care files; one complaint record; the incidents and accident records for the service; relevant policies and procedures; general training records for three staff; two regulation 28 monitoring records; the statement of purpose and service users guide.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous (specialist) Inspection

The previous inspection of the service was an announced estates inspection dated 4 September 2014. The completed QIP was returned and approved by the specialist inspector on 2 December 2014.

5.2 Review of Requirements and Recommendations from the last Care Inspection

No requirements or recommendations resulted from the primary announced care inspection of 96 Beechill Road on 12 January 2015.

5.3 Standard 5 Care plan: **Where appropriate service users receive individual continence promotion and support**

Is Care Safe? (Quality of Life)

The inspection evidenced staff give a safe level of attention to detail regarding service user's continence needs. Staff discussion and documentation evidenced staff are not just responding to need but also exploring opportunity to improve outcomes. An example of this is encouraging service users to be involved in dressing, undressing and their own care.

Observations of the staffs interaction with service users' evidenced the staff were responsive to service user's individual needs. They were observed to be knowledgeable of the service user's individual behaviours and responded to the service user individual communication methods well.

On the day of the inspection the registered manager and senior day care worker explained staff had based their assessment of continence need on the original referral document and carer's information. Prior to the inspection the staff explained they had reviewed the settings information regarding service users continence needs. They identified staff do not have the original assessment or named professional on file for reference or any future queries. The inspector was told staff are seeking information from the service user's named worker to address this. This is a good example of proactive care that has the potential to improve outcomes for service users' continence care.

One staff member showed and discussed with the inspector where and how continence care is delivered. This included where the continence products were kept for example, in a separate cabinet for each service user with Personal Protection Equipment (PPE) for staff. Staff were aware of the importance of appropriate storage to prevent cross contamination and protect everyone's health and hygiene needs. The inspector was satisfied they were able to link their practice to appropriate infection control guidance. This is evidence of safe practice.

Staff discussed they have not received specific group training in the areas of continence promotion. However, the day services interview for new staff includes questions regarding the personal and intimate care needs of individuals. The manager provided evidence of the staff induction and training which covers meeting service users' needs, choice, dignity, respect, empowerment etc. The manager and staff explained individual practice routines regarding continence care are developed by staff reading files, observation and mentoring of new or

inexperienced staff by experienced staff. There is a continence promotion policy and procedure in place. Staff had signed the policy to confirm they had read it.

Observations of the environment did not identify any concerns regarding odour, location/storage of PPE and continence products.

Is Care Effective? (Quality of Management)

The service users in this setting communicate non-verbally, that is they are unable to verbally articulate their wishes, feelings or thoughts. Therefore the service users in this setting during the inspection could not confirm or describe how or if they have they been listened to or how their dignity, sense of worth and independence has been promoted.

The inspection evidenced the setting has effective measures in place to meet service users' individual continence needs and promote improved outcomes for them. The inspection included review of two individual service user records. The records contained all about me documentation which clearly described each service user's individual methods of communicating. For example: the noises they make, eye contact, their facial expression, their body language; initiating physical contact with people and objects around them. The inspection concluded this documentation is informative and discussions with staff ascertained they were knowledgeable regarding the content. In conclusion the inspection evidenced the documentation in the individual records detailed representative and family views, opinions and comments and interpretation of behaviours which is effectively used to inform the way staff care for the service users.

The inspection evidenced the service user needs assessments and care plans included information on continence promotion. They specifically detailed service user's preferences, were current, were informed by referrer's and family knowledge. Assessments and care plans are kept under review. Furthermore assessments and care plans were dated and signed by all relevant parties.

The inspection evidenced there was appropriate supplies of continence products stored in the bathroom in a closed cabinet. Each service user had their own locked section of the cabinet for supplies. Service user's assessed continence and intimate care needs were clearly described in each service users assessment and plan however, staff did identify they don't have the professional continence assessment and were seeking this at the time of this inspection. This is good practice and demonstrates the level of attention staff are giving to meeting service user's individual needs. There inspector observed there was adequate supplies of and ease of access to Personal Protective Equipment (PPE) for staff to access when changing service users in the bathroom.

Staff stated they have not received education and training in continence promotion. They did say their competence and understanding of need is assessed in interview and induction. Staff said they are observed and are mentored to ensure they can meet the individual service user's assessed needs. However, one staff member commented they want to know if the care they are providing is the best way to meet the service user's needs. This was discussed with the manager who suggested training in continence care could improve confidence and practice in this area. A recommendation is made in this regard.

The setting has a continence promotion policy and procedure in place which presented as basic in content. The document states it is the staff responsibility to promote continence through their care and knowledge of the service users. The content of this policy and procedure was discussed with the manager and this discussion concluded the policy and procedure should be improved to ensure it guides staff regarding continence promotion and meeting continence needs. Care must be based on the outcomes of the service user's continence assessment and be responsive to their daily needs in the day service. A recommendation is made for this policy and procedure to be reviewed and updated in line with current practice; furthermore the document must contain a clear focus on continence promotion.

Is Care Compassionate? (Quality of Care)

The inspection observed that care is compassionate in this setting. Service users were treated with dignity and respect. The inspection of records, discussions with staff and observation of practice evidenced that service user behaviours, non-verbal communications and representative views are integrated into decision making regarding service user's care and support.

Discussions with staff evidenced they were knowledgeable regarding person centred care and the need to protect service users dignity when providing continence care.

Areas for Improvement

Two areas of improvement were identified in the areas of continence promotion and support:

1. The inspector recommends staff awareness, competence and confidence regarding continence care and promotion is improved. Specifically intimate care and continence promotion. This should be provided as training or an awareness session for staff.
2. The inspector recommends the registered person will make appropriate arrangements for the settings policy and procedure regarding continence promotion and care to be improved. It should be consistent with current practice and the document should contain a clear focus on continence promotion.

Number of Requirements	0	Number Recommendations:	2
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5.4 Standard 8 service users' involvement:

Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe? (Quality of Life)

The inspection concluded this setting does integrate service users' views and comments in the day to day care. Feedback from service users and representatives was identified as being used to shape the quality of services and facilities provided by the setting, furthermore it is used to provide safe and needs led care packages in this setting. The staff had actively sought and interpreted service user's views via their individual modes of communication. This was well documented in the service user's individual records. Representatives had been encouraged to attend reviews and other meetings. The service user's/ representative annual satisfaction surveys ensured that choices, issues of concern, complaints or risks had been recorded and acted on. One annual satisfaction survey had been completed for 2014/2015

and this contained positive comments regarding the activities, staff, care and routines in the day care setting. The other service user was not in day care when the annual satisfaction survey was completed.

The inspection included review of two individual service user records. These evidenced the needs assessment, risk assessments and care plans had been kept under continual review. They had been amended as changes occurred and accurately reflected the needs and preferences of the service user. The needs assessment and care plan were also appropriately signed by the representatives.

The service had policies regarding:

- service users' meetings and forums
- listening and responding to service users' views
- service users' involvement in activities and events
- communications with carers and representatives
- general communication arrangements
- safe and healthy working practices

Is Care Effective? (Quality of Management)

The setting has a range of methods and processes where service users and their representative's views are sought and recorded. These include: daily records, all about me documentation, assessment documentation; care plans, questionnaires, meetings with service users and representatives, monitoring and reviews of care plans. Overall the inspection evidenced there are effective measures in place for service users views and comments to shape the quality of services and facilities provided in this day care setting. Specifically records examined evidenced service user and representative feedback had been used to ensure the care delivered is focused on the service user and improving outcomes. Staff interpretation of service user's communication and their representative views had been used to influence decisions about the care and support service users had received.

Service user's representatives' views and opinions had been sought on a formal basis by the organisation at least once per year by asking representatives to complete an annual survey. There was only one attender last year therefore this report was used to inform staff and the manager regarding what they were doing well and if there any improvements should be made. The response was only positive and did not identify any areas for improvement.

The service users in this setting are described as non-verbal therefore they could not tell the inspector if they feel listened to, however the individual all about me documentation describes their own and individual methods of communicating such as the noises they make, eye contact, facial expression, body language and physical contact with people and objects around them. This document is informative and observation during the inspection evidenced staff used these methods to communicate and ascertain the service user's feelings and preferences. Documentation viewed by the inspector throughout the individual files detailed representative and family views, opinions and comments as well as interpretation of behaviours which informs the way staff approach and work with the service users.

The inspection concluded staff were recording in a very person centred way particularly the attention to detail regarding the communication methods used by each service user. Discussions with staff as well as the documentation evidenced staff are not just responding to need but also exploring opportunity to improve outcomes for service users. For example staff encourage service users to be involved in dressing, undressing and their own care where possible. Observation of staff with the service users also evidenced the information is accurate and the inspector could clearly gauge what each service user was communicating.

The discussion with staff concluded they are committed to ensuring service user's dignity and privacy is respected and that service users have choices. Staff identified changes are made to care plans and routines in response to service users behaviour. Service user behaviour is used as feedback from service users and changes in response to behaviour are only implemented after consultation with staff, with the manager and other professionals. This is to ensure any changes are in the best interests of the service user and are responsive to need. The approach used is in line with the centre's philosophy of care and promotion of human rights.

Discussion with staff and observation of their interactions with service users confirmed staff listen to and respond to individual's behaviour and modes of communication. The inspection identified the staff members knowledge of service user's individual modes of communication was key to ensuring care was effective, safe and compassionate.

There are policies regarding:

- inspections of the Day Care Setting
- consent
- listening and responding to service users' views
- management
- control and monitoring of the setting
- quality improvement
- complaints

Is Care Compassionate? (Quality of Care)

Overall this inspection evidenced service user's views and comments are sought in a compassionate way that is focussed on service user's modes of communication.

The inspection concluded service users are listened and responded to by staff that is knowledgeable about the service users' individual communication needs. Staff were observed integrating the philosophy of care and values into their practice. Staff were observed as knowledgeable and using a person centred approach in their care.

Areas for Improvement

No areas of improvement were identified in the inspection of service user's involvement

Number of Requirements	0	Number Recommendations:	0
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5.5 Additional Areas Examined

5.5.1 Service user records

The inspector reviewed two service user's care files. They contained evidence of file audit; about me assessment; general assessment; care planning documentation; activity and care records; risk assessment; review documentation and minutes. The review of these files did not identify any improvements in this regard.

5.5.2 Complaints record

One complaint had been recorded in the complaints record in 2014. This was investigated and responded to in compliance with the settings policy and procedure. The complainant was satisfied with the response. A record of concern had been noted in 2015 regarding a change in a service users care plan. The investigation and subsequent records of discussion evidenced the team were only at the discussion stage of promoting further independence for this service user and no changes had been made. The complainant was assured any changes being made would be presented to the multi-disciplinary team and representatives for discussion and agreement. The issue of concern was dealt with informally and the inspector was satisfied the process was consistent with the settings policies and procedures.

5.5.3 Monitoring reports

The monthly monitoring reporting arrangements and reports for the period from January 2015 until March 2015 were inspected. This evidenced the monitoring officer telephones families and representatives as part of the monitoring visit each month. The report presents as a comprehensive tool with action plans that seek to improve the delivery of care in this setting.

5.5.4 Incidents and accident record

Records were inspected from the previous care inspection on 12 January 2015 to 6 May 2015. No improvements or concerns were noted.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Alison Robinson, registered manager as part of the inspection process. The timescales commence from the date of inspection.

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

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 21.4</p> <p>Stated: First time</p> <p>To be Completed by: 01 July 2015</p>	<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> <p>Response by Registered Person(s) Detailing the Actions Taken: Training regarding intimate care and continence promotion has been arranged for all staff and will take place on 31st July. All staff will be attending the training/awareness session and will be given the opportunity to ask any questions to ensure competence and confidence in this area.</p>
<p>Recommendation 2</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be Completed by: 01 July 2015</p>	<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> <p>Response by Registered Person(s) Detailing the Actions Taken: The Continence Promotion and Care policy has been reviewed and updated, and improvements made. Detailed information on continence promotion and practice has been included. This has been implemented from 19th May 2015.</p>

Registered Manager Completing QIP	Alison Robinson	Date Completed	30.06.15
Registered Person Approving QIP	Grainne Close	Date Approved	30.06.15
RQIA Inspector Assessing Response	Suzanne Cunningham	Date Approved	03/07/15

Please ensure the QIP is completed in full and returned to day.care@rqia.org.uk from the authorised email address

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