

Unannounced Care Inspection Report 01 September 2016



Willowbank Resource Centre

Type of service: Day Care Service
Address: Carland Road, Dungannon, BT71 4AA
Tel No: 028 8771 3053
Inspector: Angela Graham

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Willowbank Resource Centre took place on 01 September 2016 from 09.50 to 16.15 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 the inspection Willowbank Resource Centre was found to be delivering safe care. There was positive feedback from all service users, spoken with, about the delivery of safe care in the day centre. Observations of care practices showed there was a culture of ensuring service users were safe and protected from harm. Staff were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding. No areas for quality improvement relating to safe care were identified during this inspection.

Is care effective?

On the day of the inspection Willowbank Resource Centre was found to be delivering effective care. Observations of staff interactions with service users and discussions with a total of 10 service users evidenced this. Discussion with the service users and staff concluded care was being delivered at the right time, in the right place, and with the best outcome. There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. Staff members spoke of supportive and positive working relationships within the team and with community based health care professionals. No areas for quality improvement relating to effective care were identified during this inspection.

Is care compassionate?

On the day of the inspection Willowbank Resource Centre 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 and requests promptly and professionally. Discussion with service users and observation provided evidence that service users were listened to, valued and communicated with in an appropriate manner. No areas for quality improvement were identified.

Is the service well led?

Evidence from discussions with staff indicated that the registered manager has positive working relationships with members of the staff team. Staff confirmed that they were well supported in their roles and that they had received mandatory and other training relevant to their roles and responsibilities. Service users in the centre stated that the service was well organised and well suited to their needs. Records of service users' meetings and staff meetings were satisfactory. Two areas for improvement were identified within this domain. A requirement has been made in regard to Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A recommendation has been made in regard to the management of complaints.

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

1.1 Inspection outcome

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

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 24 June 2015.

2.0 Service details

Registered organisation/registered person: Willowbank Ltd	Registered manager: Ann Marie McGlone
Person in charge of the home at the time of inspection: Kathleen Lappin, Deputy Manager	Date manager registered: 21 August 2008

3.0 Methods/processes

Prior to inspection the following records were analysed:

- The registration details of the day centre
- Written and verbal communication received since the previous care inspection
- The previous care inspection report and quality improvement plan.

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

- Discussion with the deputy manager
- Discussion with four care staff
- Discussion with 10 service users
- Examination of records
- File audits
- Evaluation and feedback.

The deputy manager was provided with five questionnaires to distribute to service users; five staff members and five service users' representatives for their completion. The questionnaires asked for service user, staff and service users' representatives' views regarding the service, and requesting their return to RQIA. Five staff and five service users' questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Complaints and compliments record
- Accident/untoward incident record
- Staff supervision and appraisal records
- Elements of three service users' care records
- Sample of policies and procedures
- Sample of quality assurance audits
- Staff training information
- 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 24 June 2015

The most recent inspection of the day care setting 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 24 June 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 4.1 Stated: First time	The registered manager should make appropriate arrangements for the baseline continence assessment to be obtained for each individual service user.	Met
	Action taken as confirmed during the inspection: Review of three service users' care records evidenced that this recommendation had been addressed. A continence assessment was available.	

Recommendation 2 Ref: Standard 5.2 Stated: First time	The registered manager should ensure that care plans incorporate service user's preferences regarding their intimate care and continence promotion.	Met
	Action taken as confirmed during the inspection: Review of three service users' care plans evidenced that this recommendation had been addressed.	
Recommendation 3 Ref: Standard 17.9 Stated: First time	The registered manager should review the use of bathrooms and ensure that service users are not left waiting in corridors until they become unoccupied.	Met
	Action taken as confirmed during the inspection: The deputy manager confirmed that this practice had ceased. On the day of inspection service users were not observed waiting in corridors to access bathrooms.	
Recommendation 4 Ref: Standard 8.2 Stated: First time	The registered manager should ensure a record of all service users meetings is maintained.	Met
	Action taken as confirmed during the inspection: The deputy manager confirmed that service user meetings were undertaken generally monthly. Minutes were available to confirm this arrangement.	

4.3 Is care safe?

The deputy manager confirmed the planned daily staffing levels for the day care centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of the staffing rota for weeks commencing 15 August until 01 September 2016 evidenced that the planned staffing levels were adhered to.

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

Discussion with the deputy manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection.

A review of the schedule confirmed that supervisions were completed for staff on a two monthly basis, or more frequently, and staff appraisals were completed annually. Discussion with staff confirmed that they had received supervision and appraisal accordingly.

The deputy manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the centre for any period in the absence of the registered manager; records of competency and capability assessments were retained.

Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous inspection.

Review of a sample of records pertaining to accidents, incidents and notifications forwarded to RQIA confirmed that these were appropriately managed.

Discussion with the deputy manager and review of records evidenced that care staff were registered with Northern Ireland Social Care Council (NISCC).

The deputy manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing.

The deputy manager informed the inspector that there were no current safeguarding concerns ongoing. The deputy manager described how any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

Five service users returned questionnaires. Review of the questionnaires asking for opinions on how safe the care is concluded the responses were positive. The service users' stated they felt safe and protected from harm, they could talk to staff, the environment is suitable to meet their needs and they would report concerns to the registered manager.

Review of the completed staff questionnaires asking for opinions on how safe the care is, concluded all of the responses were positive.

A review of the service users' environment was undertaken. The day centre was found to be warm, fresh smelling and clean throughout. There was evidence that hand hygiene was promoted through notices, handwashing supplies and facilities. There were no obvious hazards to the health and safety of service users, visitors or staff. Fire exits and corridors were observed to be clear of clutter and obstruction.

Areas for improvement

No areas for improvement were identified during the inspection.

4.4 Is care effective?

Discussion with the deputy manager established that staff in the day care setting responded appropriately to and met the assessed needs of the service users.

The deputy manager informed the inspector since the previous inspection she had continued to develop opportunities to increase service users' independence by engaging them with activities within the community and ensuring service users' outcomes are improved. The inspector reviewed elements of three service users' care records and viewed evidence in the assessment, care planning and attendance recording that staff had worked proactively with service users to improve outcomes for them.

Review of elements of three service users' care records reflected there are risk assessments and care plans in place. There was evidence that risk and other assessments informed the care planning process. There was also recorded evidence of multi-professional collaboration. Service users and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process. Care recording for every five attendances was being maintained.

Review of elements of three service users' care records confirmed annual reviews of the individual's day care placement had taken place in the previous year.

It was observed during this inspection that records were stored safely and securely in line with data protection.

The deputy manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. Records were made available for inspection concerning audits of the environment, staff training, complaints and compliments and evidenced that actions identified for improvement had been completed.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, multi-professional reviews, service users and staff meetings.

Discussion with the deputy manager and staff confirmed that management operated an open door policy in regard to communication within the day care setting. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or deputy manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

There was information available to staff, service users and representatives in relation to advocacy arrangements.

Discussion with the deputy manager confirmed that staff meetings were held on a weekly basis, and records verified this. The last meeting was held on 23 August 2016 and the deputy manager confirmed that the minutes of the meeting were made available for staff to consult.

Service users spoken with and observation of practices evidenced that staff were able to communicate effectively with service users.

Review of the returned service users' questionnaires asking for opinions on how effective the care is, concluded the responses were positive. The service users agreed they got the right care, at the right time, with the best outcome for them.

The service users also confirmed they are satisfied with communication with staff, staffs awareness of their needs, their preferences and choices are incorporated into the care they receive and their involvement in their annual review.

Review of the completed staff questionnaires asking for opinions on how effective the care is, concluded all of the responses were positive. These staff confirmed service users are involved in the development of their care plan and service users are responded to in a timely manner.

Areas for improvement

No areas for improvement were identified during the inspection.

4.5 Is care compassionate?

The deputy manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of service users.

Discussion with service users confirmed management and staff listen to them, offer them choices and involve them in decision making during their time in the day care setting.

An observation of the lunch time meal confirmed that service users were given a choice in regards to where they preferred to dine, food and fluid choices and the level of help and support requested. Staff treated service users with dignity and respect affording adequate time for service users to make decisions and choices and offered reassurance and assistance appropriately. Staff interactions with service users were observed to be compassionate, caring and timely.

The inspector observed staff assisting service users to express their views and choices using encouraging and enabling communication methods, service users responded by communicating their views. Staff were aware of each service user's individual communication needs and were observed responding positively and warmly which had the outcome of empowering service users to communicate. During discussion staff presented as knowledgeable and informed regarding each service user's needs.

Discussions with service users along with observations of practice during this inspection confirmed that service users were enabled and supported to engage and participate in meaningful activities e.g. gym sessions, literacy and numeracy classes, yoga and aromatherapy sessions.

The deputy manager confirmed that service users were listened to, valued and communicated with, in an appropriate manner. Observation of practice confirmed that service users' needs were recognised and responded to in a prompt, courteous and supportive manner by staff.

There were systems in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them.

Service users are consulted in an informal daily basis via discussions with staff. Service users are consulted on a formal basis via service users' meetings; the annual review of their day care placement and they receive an annual quality assurance survey about the quality of the day service in Willowbank Resource Centre.

The deputy manager confirmed the findings from the annual survey had been collated into an evaluation/summary report which was made available for service users and other interested parties. A copy of the evaluation/summary report was available on the service users' noticeboard.

Service users spoken with during the inspection commented positively in regard to the care they received. Examples of some of the comments made by service users are listed below:

- "I am going to the gym this afternoon. I like the gym."
- "I feel I am always listened to by staff."
- "The care here is second to none."
- "I go to meetings where we discuss activities and outings and we can raise any issue we want to."
- "Staff are very friendly and helpful."
- "The food is excellent and I am always offered choice."
- "All staff are very good to me."

Review of the completed service users' questionnaires asking for opinions on how compassionate the care is, concluded the responses were positive. Service users confirmed they are treated with dignity and respect and are involved in decisions affecting their care.

Review of the completed staff questionnaires asking for opinions on how compassionate the care is, concluded all of the responses were positive.

Areas for improvement

No areas for improvement were identified during the inspection.

4.6 Is the service well led?

The deputy manager confirmed that there were management and governance systems in place to meet the needs of service users.

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. Staff confirmed that they had access to the day centre's policies and procedures. The deputy manager confirmed that policies and procedures were systematically reviewed every three years or more frequently should changes occur.

Discussion with the deputy manager and staff evidenced that there was a clear organisational structure within the day care setting. An organisational chart was displayed within the day care setting. Staff were able to describe their roles and responsibilities.

The certificate of registration issued by RQIA was displayed in a prominent position in the day care setting. A copy of the employers' liability insurance certificate was also displayed.

Discussion with staff confirmed they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns.

The working relationships between staff and management were reviewed through discussion with staff and management, review of the minutes of staff/team meetings and analysis of staff questionnaires.

Review confirmed there are arrangements in place for staff to access their line manager such as supervision and open door access to management as required. Discussions with staff also confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Service users were made aware of the process of how to make a complaint by way of the complaints procedure which was displayed on noticeboards throughout the day centre. The complaints procedure detailed the onward referral arrangements if local resolution was not achieved.

The inspector reviewed the complaints record. Seven complaints were recorded since the previous care inspection. Review evidenced one complaint did not contain details of the investigation, action taken (if any) and if the complainant was satisfied with the outcome of the investigation. The complaints record requires to be further developed to include the name of the complainant, details of the investigation, outcome, action taken (if any) and if the complainant was satisfied with the outcome. A recommendation has been made to address this issue.

The inspector reviewed the monthly monitoring visits. The last visit was undertaken on 30 August 2016 and previous visits were undertaken 04 July 2016, 26 April 2016 and 22 March 2016. Monthly monitoring visits were not undertaken as required under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A requirement has been made to address this issue.

Review of the completed service users' questionnaires asking for opinions in regard to the management of the service concluded the responses were positive. The service users' confirmed the service is managed well.

Review of the completed staff questionnaires asking for opinions in regard to the management of the service concluded all of the responses were positive. Staff confirmed that the service is managed well, the service is monitored, there are staff meetings and communication between the staff and management is effective.

Areas for improvement

Two areas for improvement were identified within this domain. A requirement has been made in regard to Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A recommendation has been made in regard to the management of complaints.

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Kathleen Lappin, Deputy 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 service. 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.

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 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 day.care@rqia.org.uk 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 28 (2), (3),(4),(5)

Stated: First time

To be completed by:
31 October 2016

The registered provider should ensure that visits are undertaken in accordance with Regulation 28 -

(2) Where the registered provider is an organisation or partnership, the day care setting shall be visited in accordance with this regulation by—

(a) the responsible individual or one of the partners, as the case may be;

(b) a director or other person responsible for the management of the organisation or partnership;

or

(c) an employee of the organisation or the partnership who is not directly concerned with the conduct of the day care setting.

(3) Visits under paragraph (1) or (2) shall take place at least once a month or as agreed with the Regulation and Improvement Authority and may be unannounced.

(4) The person carrying out the visit shall—

(a) interview, with their consent and in private, such of the service users and their representatives and persons employed in the day care setting as appears necessary in order to form an opinion of the standard of care provided in the day care setting;

(b) inspect the premises of the day care setting, its record of events and records of any complaints;

and

(c) prepare a written report on the conduct of the day care setting.

(5) The registered provider shall maintain a copy of the report required to be made under paragraph (4)(c) in the day care setting and make it available on request to—

(a) the Regulation and Improvement Authority;

(b) the registered manager;

(c) a service user or his representative;

(d) an officer of the HSS trust in the area of which the day care setting is situated;

(e) in the case of a visit under paragraph (2)—

(i) where the registered provider is an organisation, to each of the directors or other persons responsible for the management of the organisation; and

(ii) where the registered provider is a partnership, to each of the partners.

Response by registered provider detailing the actions taken:
Directors have been reminded of the need to carry out monthly monitoring visits, a timetable for the coming year has been agreed in line with the inspectors recommendations and implemented

Recommendations	
Recommendation 1 Ref: Standard 14.10 Stated: First time To be completed by: 31 October 2016	<p>The registered provider should ensure that the record of complaint includes the name of the complainant, details of the investigation, outcome, action taken (if any) and if the complainant was satisfied with the outcome.</p> <p>Response by registered provider detailing the actions taken: All complaints will have a documented investigation the complaint form has been revised to include an outcomes new learning section</p>

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