



The Regulation and
Quality Improvement
Authority

Willowbank Resource Centre
RQIA ID: 10711
Carland Road
Dungannon
BT71 4AA

Inspector: Maire Marley
Inspection ID: IN022910

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**Unannounced Care Inspection
of
Willowbank Resource Centre**

24 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 24 June 2015 from 11.00 am to 4.00 pm. Overall on the day of the inspection the Day Care Setting 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

Other than those actions detailed in the previous QIP 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	4

The details of the QIP within this report were discussed with Kathleen Lappin senior support worker as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Willowbank Ltd/Anne Marie McGlone	Registered Manager: Anne Marie McGlone
Person in Charge of the Day Care Setting at the Time of Inspection: Kathleen Lappin	Date Manager Registered: 21 August 2008
Number of Service Users Accommodated on Day of Inspection: 19	Number of Registered Places: 30

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:

- discussion with registered manager
- discussion with service users
- discussion with four staff members
- review of care records
- observation during an inspection of the premises
- evaluation and feedback

Prior to inspection the following records were analysed:

- the previous care inspection report and returned Quality Improvement Plan (QIP)
- notifiable events submitted since the previous care inspection
- written and verbal communication received since the previous care inspection
- returned complaint information

At the commencement of the inspection a poster was displayed informing services users and representatives that an RQIA inspection was taking place and inviting service users to speak with the inspector to provide their views.

During the inspection the inspector met with eighteen service users, four staff members and one representative/family member.

The following records were examined during the inspection:

- the statement of purpose
- the service user guide
- two monthly monitoring reports
- minutes of service users meetings
- staff meetings
- staff duty rotas
- staff training records
- staff supervision
- selected policies and procedures
- five care records
- accident and incident records

- record of complaints and investigations.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection dated 26 September 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 7.5	The registered manager should confirm that the entries made in each service users' care records have been further developed.	Met
	Action taken as confirmed during the inspection: On the day of inspection there was evidence that the care records had been developed. Staff reported this was also work in progress and changes were made as and when required.	
Recommendation 2 Ref: Standard 13.4	The registered manager should confirm that the identified staff member has received training on the protection of vulnerable adults.	Met
	Action taken as confirmed during the inspection: A review of staff training records found that the identified staff member's protection of vulnerable training was up to date.	
Recommendation 3 Ref: Standard 17.4	The registered manager should confirm that a competency and capability assessment has been completed for any staff member left in charge of the centre.	Met
	Action taken as confirmed during the inspection: The inspector viewed competency and capability assessments relating to two staff who are left in charge of the centre when the registered manager is absent and found them to be comprehensive and satisfactory.	

5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

Is Care Safe?

Policies and procedures on the management and promotion of continence were available in the day care setting. Staff had recognised that the continence policy and procedure was in need of review to reflect recent information they had obtained regarding developments which promote continence care.

Training in the management and promotion of continence was organised for September 2015 for the staff team. In the interim period it was good to note that staff had obtained literature on continence promotion and had held discussions regarding the topic at their staff meetings. It is acknowledged that the organised training will further enhance the standards already in place. Training records examined confirmed staff are in receipt of infection control training.

Discussions with staff confirmed they were aware of continence products and they described safe care practices in this regard. The day centre does not supply any continence products as service users bring in their own products. Staff reported that service users may choose to keep their own personal products with them or they can be stored discreetly by staff in the bathroom. Service users reported that they felt the care provided to them was delivered by staff who knew their needs and that it was always delivered in a safe and confident manner.

Five service users care records were examined. The records reflected individualised plans of care regarding continence management. Issues of assessed needs are referred to the family for follow up by the GP or specialist nurse. It is recommended that care plans detail the service users preferences regarding their intimate care and continence promotion.

During the tour of the centre it was noted appropriate equipment was available to staff and all areas in the centre were observed to be clean and hygienic. Adequate supplies of aprons and appropriate gloves were observed and hand washing dispensers were found throughout the centre. Staff confirmed there is always a sufficient supply of personal protection equipment.

The inspection of care records, discussions with the registered manager, service users, staff and general observations found there were no areas of concern identified regarding the management of continence.

Is Care Effective?

A review of five care records found that services users individual continence needs were reviewed on a regular basis. However it would further improve staff effectiveness if information regarding the continence assessment was obtained and recorded in the service user's care plan.

A family representative spoke to the inspector and reported on the personal care their relative received. This family representative had high praise for the staff team and spoke of the support and assistance the family and service user had received from the staff in the centre.

There was evidence that working practices are monitored through team meetings, individual supervision, appraisal, training and mentoring. These processes ensure that the care delivered by staff is effective.

Is Care Compassionate?

It was evident in discussions with three care staff and the senior in charge on the day of the inspection that staff were clear regarding their role and responsibility to promote and meet continence needs.

Staff stated that the continence needs of service users would be met with a strong focus on privacy, dignity and respect. During periods of observation we noted that continence care was undertaken discreetly and privately and staff were noted to assist service users in a caring, dignified and respectful manner. The observation of a service user waiting outside an occupied bathroom was raised with the staff team and it was agreed this would be reviewed immediately.

The eighteen service users consulted during the inspection all indicated that staff were caring and treated them in a respectful manner. They reported that staff would be discreet if they required assistance with personal care needs and felt staff were appropriately trained for their roles.

Four questionnaires were completed and returned to the RQIA by staff in this day care setting. Staff reported they either satisfied or very satisfied regarding training on vulnerable adults, responding to behaviour, methods of communication and continence management.

Areas for Improvement

The following two areas of improvement were identified in the area of continence promotion and support:

The registered manager should make appropriate arrangements for the baseline continence assessment to be obtained for each individual service user.
Care plans should incorporate service user's preferences regarding their intimate care and continence promotion.

The examination of the criterion relating to this theme confirmed indicated that the care delivered in this centre was safe, effective and compassionate.

Number of Requirements:	0	Number of 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?

There was evidence that the organisation actively promotes service user involvement and empowerment. A range of effective policies and procedures are available to the staff team.

A complaint procedure was available and appropriate records maintained of any complaints or expressions of dis-satisfaction received. The senior project worker was fully familiar with the action to take in the event of a service user making a complaint.

Relevant policies regarding the protection of vulnerable adults from abuse and whistle blowing were available and there was evidence staff were in receipt of the required training.

Care records examined provided evidence that service users are encouraged to be involved in the planning of their care and actively participate in their review.

We were informed that staff seek the views of service users during monthly meetings which are held between staff and service users. A record of all meetings held had not always been maintained and a recommendation is made in this regard. Service users reported that their views are sought on an on-going basis and stated that service users are the heart of the centre and direct the activities and events of the centre.

Staff were observed communicating with service users using a range of communication such as verbal, communication aids or using visual cues. It was evident staff were fully familiar with individual service users method of communication.

Service users confirmed they felt safe and said they would talk to the registered manager or staff on any concerns or worries they may have.

The findings of this inspection provided evidence that service users' views and comments shape the quality of services provided by the day care setting.

The examination of the criterion relating to this theme confirmed indicated that the care delivered in this centre was safe, effective and compassionate.

Is Care Effective

The day centre has a range of methods and processes where service users' and their representatives' views are sought. This included service user meetings, monitoring visits, care reviews, annual surveys and questionnaires.

Examination of five service users care records provided evidence that service users and/or their representative had been encouraged to participate in decisions about the care and support they receive in the day centre. The records viewed and discussions with service users demonstrated that service users are encouraged to exercise choice and control over their attendance in the day centre.

The inspector had the opportunity to meet and speak with the majority of service users who were attending the centre on the day of inspection. Discussions were held in groups of two, a group of twelve and privately with three services users. In discussion service users confirmed they had been involved in their individual care plan and had a say regarding activities and outings provided. They confirmed their choices, preferences, opinions or suggestions are promoted and respected by staff and were able to give individual examples of when their choices and preferences were responded to in a positive way.

The centre provides a range of activities and service users spoke of the different courses and activities that had been provided over the past year. Courses included health awareness, drama, photography and cookery; on the day of inspection service users were commencing a stress management course. Each activity is formally evaluated using evaluation forms.

Several of the service users are active members of LARG, a Lobbying Activism & Research Group. The group is made up of people with disabilities who engage in lobbying activism & research around issues that affect people with disabilities as citizens. The group aim to empower each other and influence policy and take an active role in the issues surrounding day care.

This inspection demonstrated that service users' views and comments shape the quality of services. During discussions with service users it was evident that their views are used to improve the effectiveness and quality of the service.

Is Care Compassionate?

The discussions held with service users provided evidence that staff support them to ensure they get the most from their day care experience, thereby promoting their self-confidence and self-fulfilment.

Staff with key worker responsibilities were able to demonstrate a good understanding of their role in regard to supporting services users and enabling them to prepare and participate in their formal care review meetings.

In discussion with a family representative the effectiveness of staff communication was highlighted.

The examination of the criterion relating to this theme confirmed indicated that the care delivered in this centre was safe, effective and compassionate.

Areas for Improvement

A record of all service users meetings should be maintained.

A review of the use of bathrooms should be undertaken to ensure service users are not left waiting in the corridor until the bathroom is unoccupied

Number of Requirements:	0	Number of Recommendations:	2
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5.5 Additional Areas Examined

5.5.1 Monitoring reports

The monitoring arrangements and reports for the past two months were examined. These evidenced that the monitoring officer had used service users views, staff views and samples records to form a view regarding the quality of care.

5.5.2 Incidents and accident record

A sample of incidents and accidents records was inspected from November 2014 to June 2015. This review did not identify any concerns.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Kathleen Lappin senior support worker 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.

Recommendations			
Recommendation 1 Ref: Standard 4.1 Stated: First time To be Completed by: 31 August 2015	The registered manager should make appropriate arrangements for the baseline continence assessment to be obtained for each individual service user.		
	Response by Registered Person(s) Detailing the Actions Taken: Have requested baseline continence assessment from social work team on 30 th July 2015, to be forwarded as soon as possible. All staff are due to receive continence promotion early September 2015.		
Recommendation 2 Ref: Standard 5.2 Stated: First time To be Completed by: 31 August 2015	The registered manager should ensure that care plans incorporate service user's preferences regarding their intimate care and continence promotion.		
	Response by Registered Person(s) Detailing the Actions Taken: As off the 24 th June 2015 this has now been incorporated into all service users care plans, .		
Recommendation 3 Ref: Standard 17.9 Stated: First time To be Completed by: 31 August 2015	The registered manager should review the use of bathrooms and ensure that service users are not left waiting in corridors until they become unoccupied.		
	Response by Registered Person(s) Detailing the Actions Taken: All staff have been made aware of this issue during a staff meeting held 30 th June 2015 and are complying with this request.		
Recommendation 4 Ref: Standard 8.2 Stated: First time To be Completed by: 31 August 2015	The registered manager should ensure a record of all service users meetings is maintained.		
	Response by Registered Person(s) Detailing the Actions Taken: A more structured approach has been taken towards service user forum meetings and record keeping, meetings are now scheduled to take place the first week of every month and subsequent records kept.		
Registered Manager Completing QIP	Ann McGlone	Date Completed	12-8-15
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response	Maire Marley	Date Approved	14 -8-2015

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

Please provide any additional comments or observations you may wish to make below: