

# Unannounced Care Inspection Report 1 February 2018



## Appleby Social Education Centre

**Type of Service: Day Care Setting**  
**Address: 43 Ballinahonemore Road, Armagh, BT60 1JD**  
**Tel No: 02837524335**  
**Inspector: Suzanne Cunningham**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

This is a Day Care Setting with a maximum of 105 service users that delivers a programme of day care and day time activities from Monday to Friday for adults with learning disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Southern HSC Trust  <b>Responsible Individual(s):</b> Mr Francis Rice	<b>Registered Manager:</b> Margaret Elizabeth McShane
<b>Person in charge at the time of inspection:</b> Mairead Murphy	<b>Date manager registered:</b> 18/10/2017
<b>Number of registered places:</b> 105 - DCS-LD, DCS-LD(E)	

### 4.0 Inspection summary

An unannounced inspection took place on 1 February 2018 from 10.20 to 16.40.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff knowledge of safe care, risk management and the day care setting environment; providing care, in the right place, in the right time; activities; the ethos of the day care setting; listening to service users; governance arrangements, and maintaining good working relationships.

Areas requiring improvement were identified in relation to staff induction; service user care planning documentation.

Service users said: "I like coming to day care"; there's "lots to do"; "lovely lunches".

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Mairead Murphy, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### **4.2 Action/enforcement taken following the most recent care inspection dated 1 February 2018**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 1 February 2018.

#### **5.0 How we inspect**

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

- The registration details of the day centre
- Information and correspondence received from the registered manager and Southern Health and Social Care Trust (SHSCT)
- Incident notifications which revealed ten incidents had been notified to RQIA since the last care inspection in October 2016
- Unannounced care inspection report 10 October 2016

During the inspection the inspector met with:

- The manager
- Nine service users
- Three care staff

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. Twelve were returned by staff; and four were returned by service users or relatives.

The following records were examined during the inspection:

- Two individual staff competency records
- Three service users' individual care files
- A sample of service users' daily records
- The complaints/issue of dissatisfaction record from April 2016 to January 2018
- A sample of incidents and accidents records from October 2016 to January 2018
- The staff rota arrangements during November, December 2017 and January 2018
- The minutes of service user meetings held in October, November and December 2017
- Staff supervision dates for 2017
- Monthly monitoring reports from October to December 2017
- The staff training information for 2017 & 2018
- The settings statement of purpose and service user guide

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

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## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 11 October 2016

The most recent inspection of the establishment was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 11 October 2016

Areas for improvement from the last care inspection		
<b>Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 20 (1) (a) <b>Stated:</b> First time	The registered provider must review the staffing arrangements for rooms 6 and 7 to ensure the safest staffing arrangements are in place that meets the service users' needs in both rooms. The outcome of the review should be reported on the returned QIP.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed the review of staffing had been undertaken and resulted in the staffing arrangements being increased in rooms 6 and 7 to meet the service users assessed needs.	
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 6 <b>Stated:</b> First time	The registered provider should investigate the safety concerns raised by a relative which were specific to their relative. The QIP should describe the plan of action in place to prevent reoccurrence and manage future risk.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> The returned QIP, discussion with staff and review of the service users plan revealed the service users' needs were reviewed and arrangements to deliver safe and effective care were improved for the service user.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Standard 7.7 <b>Stated:</b> First time</p>	<p>The registered provider should improve the signing of individual service users reports, assessments and plans to evidence information and plans are agreed by all parties.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Three service user records were made available during the inspection and provided evidence of improvement in this regard at the time of inspection.</p>	
<p><b>Area for improvement 3</b> <b>Ref:</b> Standard 8.2 <b>Stated:</b> First time</p>	<p>The registered provider should improve the service users' involvement in service user meetings. To promote service user involvement the agenda and minutes should be made available to all service users.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The above improvements had been implemented by staff and were evidenced by reviewing the service user meeting minutes.</p>	

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The settings daily staff arrangements and records were inspected for November, December 2017 and January 2018. This provided evidence that the distribution of care staff across the setting was planned according to the needs of the group of service users and individuals. The record had been updated regarding staff absences, the manager's presence was recorded and the staff in charge of the day care setting was recorded daily.

Competency and capability assessments had been completed for staff who had acted up in the manager's absence and the assessment for the person in charge at the time of the inspection was inspected. The assessment and discussion with the staff confirmed the staff member was willing to undertake management tasks, understood and had the knowledge to fulfil their role and responsibility in the absence of the manager.

Staff induction records were examined and these revealed staff was being introduced to the day care setting and their role, however there was no evidence that staff competency to undertake their role and responsibilities was discussed or assessed. The manager of this setting should assure herself staff have the right knowledge and skills to work safely and effectively in this setting. If there are any gaps identified, a plan to train, mentor or coach the staff member should be put in place to ensure competence is achieved. This improvement is detailed in the QIP for this inspection.

Service users' needs and activity levels were varied in this setting and the staff discussed how the group rooms were suited to group and individual needs. For example floor space and specialist furniture to enable service users to spend time out of wheelchairs; and rooms divided into quiet and activity space to enable service users to access calm space when needed. Service users were observed moving around the setting independently and communicating confidently, and others who were not active and received more staff support to get involved. The activities available for service users on the day of the inspection were promoting an active life, creative skills, cognitive skills and developing social skills. Observation of the care arrangements in this setting showed staff were promoting and encouraging service users to be involved and act independently when it was safe.

The inspection of the settings training record showed that staff had received mandatory training and training relevant to their role and responsibilities. Examples of training staff received in 2017 and 2018 were manual handling; fire safety; eating and drinking awareness; medicines management; autism awareness; and grief and loss, which will assure staff know how to provide safe care and support for the service users in this setting.

The examination of a sample of the settings incidents and accidents from September 2017 to January 2018 revealed there setting had recorded accidents and incidents, notifications had been sent to RQIA and other organisations as required. The record also included a debrief section which aimed to identify factors that may have contributed to the incident and could be used to prevent reoccurrence. Overall the record showed service users safety needs had been identified and managed to ensure practice was safe and effective.

The service users' access and exit to the day care setting was not restricted and they were observed entering and leaving the premises. Staff were observed when this was happening and offered support to individual service users that was consistent with each service users' needs and plan. Inspection of Appleby, the observations of the environment and inspection of records concluded the environment presented as clean and tidy, furniture, aids and appliances presented as fit for purpose. Fire safety precautions were inspected and it was noted fire exits were unobstructed, that the fire drill had been carried out in May 2017, the fire risk assessment was not due for review until September 2018 and the action plan had been actioned by the estates officer.

The service users were asked if they felt safe in Appleby, the feedback from service users was they felt safe in this day care setting, they said: got "help from staff"; there was "plenty of staff";

this is a “safe place”; they described if they were worried they would speak to staff; they knew they had to go outside if the fire alarm sounded and staff would help them.

Staff were asked is care safe in this setting, they said care was safe because they knew the service users’ needs well, there was good staffing numbers in place and processes in place to maintain standards.

Four service users and relatives returned questionnaires to RQIA post inspection, three identified they were within the range of “satisfied” and one identified they were unsatisfied regarding the questions “is care safe” in this setting. By this they meant there were enough staff to help them, they felt protected and free from harm, they could talk to staff if they had concerns, and the environment was safe and clean. The respondent who was unsatisfied did not give any further information; the manager has been informed to ensure they have effective measures in place so relatives and service users can report dissatisfaction and the manager can respond.

Twelve staff returned questionnaires to RQIA post inspection, they identified they were “Satisfied” to “Very Satisfied” regarding questions on “is care safe” in this setting. They identified they felt satisfied that staff were employed in sufficient numbers to meet the needs of the service users, staff had been inducted and had received all mandatory training. Staff had received safeguarding training and all staff were aware of their responsibility to report any concerning or unsafe practice.

In conclusion the inspection of records, discussion with staff and observations showed the care and support delivered by staff was most likely preventing harm to service users and the care delivered was intended to help them.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff knowledge in regard to safe care, risk management and the day care setting environment.

**Areas for improvement**

One area for improvement was identified during the inspection in relation to staff induction.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**6.5 Is care effective?**

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

The centre’s Statement of Purpose contained information required by Regulations and Standards, and the content was consistent with the settings registration with RQIA. The settings Service User guide was available and detailed the care and support provided in an easy read version.

Three service users' care files were inspected; they contained the service user's individual assessments and care plans which reflected their physical, social and emotional needs. However it was noticed the service users care plans could be improved by including what each service users wanted to achieve in day care and one service users care plan (file 3) should be reviewed and updated. An improvement is made in the QIP in this regard.

Discussion with the person in charge revealed records were stored safely and securely in the day care setting, in line with data protection. Staff discussion confirmed they were using the individual records to guide their practice and they understood the importance of keeping records current and relevant. Overall the inspection found the settings management of service user records enabled staff to recognise service users' assessed needs and respond to them effectively.

Service users spoken to during the inspection discussed they were able to take part in a number of activities for example exercise, creative activities, music and puzzles. Service users said that they knew the staff in the setting and could ask them for help or support. One service user said "I can't think of anything to make it better".

Discussion with staff revealed ways they had responded effectively to service users' needs, they discussed implementing an intensive support plan and following schedules with service users. They discussed the structure and routine was important for some service users who like to be busy. Staff identified the recording and communication was important for staff to identify what was working, and what wasn't. Staff also described using observation to gauge service users' responses and record this to establish a picture of what is working and is not working with service users who are not verbally responding. Staff discussed one example of a service user who was growing in confidence, staff described they had worked as a team to enable development in this area.

Discussion with staff revealed they were using preventative work to divert service users' behaviour and support service users to improve their mood. Staff were knowledgeable regarding identifying and responding to challenging behaviour before behaviour could escalate and become a concern. Techniques such as diversion, communication, diffusing situations, mapping behaviour and increased staffing was being used to ensure service users had the best opportunity to be involved in their care and the activities being delivered.

Four service users and relatives returned questionnaires to RQIA post inspection and three identified they were within the range of "satisfied"; and one identified they were unsatisfied regarding the questions "is care effective" in this setting. By this they meant they had got the right care, at the right time in the right place; staff knew their care needs, they were aware of their care plan and the care met their expectations. The respondent who was unsatisfied did not give any further information; the manager has been informed to ensure they have effective measures in place so relatives and service users can report dissatisfaction and the manager can respond.

Twelve staff returned questionnaires to RQIA post inspection, ten staff identified they were within the range of "satisfied", one was undecided and one was unsatisfied regarding questions on "is care effective" in this setting. They identified the that services users had been assessed and were in the right place for their needs to be met, staff were kept informed of changes to service user care plans, referrals/treatment to/from other agencies and professionals was dealt with promptly and the service has good working relationships with other professionals/agencies. One staff member wrote "For consistency I think that there should be a Day Care Worker full

time assigned to each group and for cover; should maternity leave or sickness happen it needs to be covered". This comment has been passed to the manager to consider, nevertheless, gaps in staffing arrangements were not identified as preventing effective care during this inspection.

Overall discussion with staff, review of records and observation of care showed communication and procedures had ensured staff provided safe and effective care, they knew what each service user needed and how best to meet their needs.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to providing care, in the right place, in the right time and activities.

**Areas for improvement**

One area for improvement was identified during the inspection regarding service user care planning documentation.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Discussion with service users, staff and observation of activities and communication found examples of service users being treated with dignity and respect by staff. Examples of staff promoting service users' independence and preferences regarding activities, finding calm space, and self-care was observed. On the day of the inspection the service users spoke about activities they were enjoying, the outcome of activities was observed in colourful displays which were used to personalise rooms. Service users were observed making clay pots and finishing art projects, this was a good example of service users being fully involved.

The service user meetings record was inspected for October, November and December 2017, the minutes provided a clear record of who was involved, the agenda, what input the service users had, their comments, views, suggestions with action points to progress plans. This record was consistent with observations of staff consulting with service users during the inspection to involve service users in their care and support. Some service user meetings included visitors such as the monitoring officer and day time opportunities workers who introduced their role and how they support day care. The setting had continued to produce an annual Newsletter with service users, for service users, this included a recap of the year in Appleby, staffing arrangements, planned closure days, activities and achievements.

Service users were asked if care in the setting was compassionate and encouraged them to be involved. They said they like all the staff including the bus driver; they liked their room as it was a good place to do activities. During the inspection it was noted service users who did not communicate verbally were expressing their feelings and choices with staff who responded compassionately to the service users' needs for clear communication. Observation of staffs

responses and communication showed they knew how to put service users at ease, support them to have fun and ascertain their choices.

Three staff were asked to describe their delivery of compassionate care, they described they understood the service users’ needs and preferences which guided their care approach. They described interpreting body language and facial expression as well as verbal communication. Examples were given regarding service users who had grown in confidence and developed social skills since attending the setting, staff recognised this was an improved outcome for the service users.

Four service users and relatives returned questionnaires to RQIA post inspection. They identified they were within the range of “satisfied”; regarding questions on “is care compassionate” in this setting. They identified they were treated with kindness, respected and their dignity was maintained, staff informed them about their care and supported them to make decisions about their care.

Twelve staff returned questionnaires to RQIA post inspection, they identified they were “very satisfied” to “satisfied” regarding questions on “is care compassionate” in this setting. They identified staff treated them with kindness; dignity and respect; All staff engaged with service users with warmth and consideration; care was delivered in a person centred individual manner and not routinely; staff communicated with service users about their care and treatment in a manner which was understood; there was a culture of reporting any concerning practice and confidence that these concerns would be dealt with.

The inspection of this domain confirmed the staff were actively promoting effective communication between service users and staff however their record of this should be improved.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the ethos of the day care setting and listening to service users.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The registration certificate was up to date and displayed appropriately.

Supervision records detailed the staff had received recorded individual, formal supervision at least every three months.

The complaints record was inspected and this showed one complaint had been recorded from 01 April 2016 to March 2017. The record showed this had been responded to promptly to resolve the area of dissatisfaction and a plan was put in place to prevent reoccurrence.

Inspection of staff meeting minutes revealed they were held monthly with minutes and attendance recorded. The content recorded showed they follow the team talk model, which covered discussion about day care being delivered, including the quality of care, best practice examples, policy and procedures, minimum standards, training opportunities and potential to improve practice.

The Regulation 28 monthly quality monitoring visits had been undertaken monthly by the monitoring officer. The reports showed the visits included unannounced visits and qualitatively reflected service users and staff views and opinions. The reports showed there was a focus on improving the quality of care provided in this setting, gaps in practice and records were noted and the action plan detailed improvements to be made.

The annual report for April 2016 to March 2017 was provided for this inspection, the report included matters listed in Schedule 3 and detailed how the setting could improve the care and support they were providing in relation to Schedule 3.

Evidence of audit arrangements for complaints; accidents and incidents; training; supervision; the environment and NISCC registration were in place to ensure compliance with standards and improve areas of practice where identified.

The staff were asked what their opinion was regarding effective leadership in the setting, they described they work well together and could approach the assistant manager and manager at any time for support. Overall the staff confirmed this was a supportive environment to work in and the manager was approachable.

Four service users and relatives returned questionnaires to RQIA post inspection and three identified they were in the range of "satisfied" regarding questions on "is care well led" in this setting. One identified they were unsatisfied. They identified they knew who was in charge of the setting at any time, the service was well managed, their views were sought about their care and quality of service and they knew how to make a complaint.

Twelve staff returned questionnaires to RQIA post inspection, they identified they were "very Satisfied" to "satisfied" regarding questions on "is care well led" in this setting. They identified there was a culture of staff empowerment and involvement in the running of the service, a culture of learning and upskilling, a culture of continuous quality improvement and all staff were encouraged to bring forward new ideas and innovations. Managers/leaders were approachable and open to whistleblowing or raising concerns.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, and maintaining good working relationships.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mairead Murphy, Manager, as part of the inspection process. The timescales commence from the date of inspection.

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 7.1 Areas for improvement

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

### 7.2 Actions to be taken by the service

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

## Quality Improvement Plan

### Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 21.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 March 2018</p>	<p>The registered person shall improve staff induction arrangements in this setting which should include evidence of staff competency to undertake their role and responsibilities in this setting.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> A draft competency induction assessment has been developed to include evidence of staff competency undertaking their roles and responsibilities. It will be discussed with Day Care Workers and implemented with all new staff from 29.03.18.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 29 March 2018</p>	<p>The registered person shall improve service users care plans ensure they are up to date and include what each service user wants to achieve in day care.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> The identified service users care plan referenced in 6.5 has been reviewed, updated and signed by carers and appropriate staff. On reviewing care plans measures are now being put in place to ascertain what each service user wants to achieve from attending the centre and documented in their daily records.</p>



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