

Unannounced Day Care Setting Inspection Report 10 October 2016



Appleby Social Education Centre

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Appleby Social Education Centre took place on 10 October 2016 from 09.45 to 16.45.

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?

The inspection of staff records such as duty rotas, supervision, training, observations of the setting; discussions with service users and staff; and observations provided evidence the care delivered was consistent with the settings statement of purpose and ethos.

The staff in Appleby Social Education Centre (SEC) were observed responding to a range of service users' needs. The staffing levels were responsive to service user's needs, welfare and safety in all areas on the day of the inspection however; arrangements for staffing in one area have been identified for review. The premises presented as safe on the day of the inspection.

Overall the inspection of "is care safe" concluded the staffing arrangements for rooms 6 and 7 should be reviewed and the safety concerns raised by a relative should be investigated and risk management plan must be in place to ensure the minimum standards inspected are met.

Is care effective?

The inspection of seven service users individual care records, incident recording, complaints recording, 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. Individual care needs had been assessed and the outcome was written into a plan. Review and monitoring arrangements were in place to review the effectiveness and quality of care delivered to service users.

Overall the inspection of "is care effective" concluded the minimum standards inspected were met. One area for improvement was identified to ensure the service users documentation is signed by the service users and or relatives to confirm they have been consulted and agree with the plan.

Is care compassionate?

The inspection of records, observations of practice and discussions with staff and service users revealed that service users were being treated with compassion, dignity and respect. Staff were observed listening to service users, seeking their views and communicating with them in a supportive and caring manner.

Overall the inspection of "is care compassionate" concluded the minimum standards inspected were met. One area for improvement was identified during the inspection to improve service user involvement in the service user meetings.

Is the service well led?

The discussion with staff and service users regarding the management arrangements confirmed they were informed regarding the management arrangements and the staffs role and responsibilities. Documents and records such as monthly monitoring reports; and audits evidenced there was arrangements in place to promote minimum standards of care and quality improvement in the setting.

Overall the inspection of “Is the service well led?” concluded the inspection of the minimum standards was met. No areas for improvement were identified during the inspection.

This inspection was underpinned by The Day Care Settings 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	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Leeanne Cornett, assistant 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 12 May 2016.

2.0 Service details

Registered organisation/registered person: Southern HSC Trust/Mr Francis Rice	Registered manager: Mrs Margaret Elizabeth McShane
Person in charge of the service at the time of inspection: Leeanne Cornett, assistant manager	Date manager registered: 06 June 2012

3.0 Methods/processes

Prior to inspection following records were analysed:

- The registration details of the day centre
- Information and correspondence received from the registered manager and Southern Health and Social Care Trust
- Incident notifications which revealed 40 incidents had been notified to RQIA since the last inspection on 12 May 2016
- Unannounced care inspection report 12 May 2016 and trust response to the inspection.

During the inspection the inspector met with:

- The assistant manager
- six staff
- Thirteen service users.

Questionnaires were given to the manager to distribute between service users, representatives and staff in Appleby Centre. One was returned by service users, three by staff and one by a relative.

The following records were examined during the inspection:

- Seven service users' care files including a sample of service users' daily records
- The complaint/issue of dissatisfaction record which had two entries recorded from April 2015 to March 2016
- A sample of incidents and accidents records from May to September 2016
- The minutes of three client committee (service user) meetings 25 April and 8 June and 26 September 2016
- A sample of the team meeting minutes for May, June and September 2016
- Staff supervision dates for 2015 & 2016
- Three staff records
- Four Monthly monitoring reports from June to September 2016
- Staff training information for 2015 and 2016
- The staff rota for July, August and September 2016
- Statement of Purpose
- Service Users Guide.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 12 May 2016

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

4.2 Review of requirements and recommendations from the last type e.g. care inspection dated 12 May 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 18.4 Stated: First time	The responsible person should review the continence promotion policy and procedure. The improvements should ensure a policy and procedure is established for staff to follow that sets out statements and guides staff in terms of identifying need, meeting need, promoting improved outcomes, professional assessment and advice, working together, reviews of assessment and care planning	Met
	Action taken as confirmed during the inspection: The continence policy was in draft and available for staff reference at the time of inspection.	
Recommendation 2 Ref: Standard 21.4 Stated: First time	The responsible person should put in place appropriate arrangements for staff to improve their knowledge regarding continence promotion; this could incorporate the improvements made in the settings policy and procedure.	Met
	Action taken as confirmed during the inspection: Staff had received training and information	
Recommendation 3 Ref: Standard 15.4 Stated: First time	The registered manager should make appropriate arrangements to improve the review preparation and record. The form should include how service users influence their care even if they are not able to communicate verbally.	Met
	Action taken as confirmed during the inspection: The inspection of seven service users' individual files provided evidence this had been completed and was being used effectively at the time of the inspection.	

Recommendation 4 Ref: Standard 17 Stated: First time	The registered manager should address with the staff team the concerns regarding receiving equipment and the cramped rooms in the special needs area. The manager must ensure, where possible, practice and care are improved in this regard.	Met
	Action taken as confirmed during the inspection: Consultation with the trust estates department resulted in reconfiguration of space which improved the space in this area.	

4.3 Is care safe?

Discussion with the assistant manager revealed staffing numbers were lower than needed to provide care for 105 service users; which is the number of approved places on RQIA register. Discussion with staff and service users revealed this episode of reduced staffing meant they had implemented contingency arrangements. In practice this meant service users who were living in a residential or supported living establishment may have been asked not to attend the setting. This ensured a safe and effective service was maintained for service users living alone or with family in the community.

On the day of the inspection there was staff in every room undertaking caring duties. Some rooms required two or three staff to deliver the care which was described in the service users care plan, other groups were more independent and had one day care worker present. On the day of the inspection there was no evidence from observation and discussion with the service users or staff that care was unsafe or needs had not been met.

The service users expressed their disappointment during discussion that they had been moved to other groups when staffing was too low; because their group could not be staffed. Observation of care identified room 6 had one staff member present and they relied upon calling for a staff member in room 7 if they needed assistance. This arrangement was in place because the door between the two rooms had to be closed as a behaviour management response. Staff communicated by shouting between the closed door. There was no incident during this inspection; nevertheless, these arrangements should be reviewed to ensure the safest staffing arrangements are in place that meets the service users' needs in both rooms. A requirement is made in this regard.

At the time of this inspection the registered manager had commenced a month's leave. This was clearly reflected in the staff rota with the details of the assistant manager who was covering the manager's role and responsibilities in her absence. The assistant manager had acted up in the manager's absence before, competency was evidenced and they had achieved the level 5 qualification. RQIA was notified of the manager's absence.

Discussion Staff revealed in their opinion the number of staff working with the number of service users was a safe ratio. They described working with reduced staff numbers meant they were very busy. However they were clear the care plans including intimate care needs were met for all service users.

The staff rota record was maintained by the manager. This detailed what staff were on duty each day including their role in the day care setting. This record was compliant with standard 23.7 which states a record should be kept of who is working and in what capacity.

Three staff files were examined as part of this inspection. The staff files provided evidence that staff commenced their job following satisfactory pre-employment checks. There was also evidence that staff induction was appropriate to the specific job role and well as inducting staff to the service.

Supervision arrangements were inspected for three staff. The staff had received one or two supervision meetings in 2016. Care staff should have received at least one individual supervision session no less than once every three months, this would have been a minimum of three meetings recorded. A recommendation is made to improve the frequency of supervision.

The staff training record was inspected for 2016. The staff mandatory training and training specific to service users' needs record detailed they undertook and range of training such as safeguarding vulnerable adults; fire safety; infection prevention and control; MAPA (behaviour management); epilepsy; dysphagia; and food safety. This record, review of the staff training plan and discussion with the assistant manager confirmed all staff had or will receive training to safely undertake the duties of their role in 2016.

This day care setting had delivered a range of activities that were room based. The choices were determined by service users' needs, preferences and abilities. The focus of activities was social interaction, developing skills and developing or maintaining cognitive and motor skills. The rooms had space for the service users to undertake activities and resources to enable the activities to be delivered. During this inspection art, music and discussion groups were observed. The outside space was also being used during the inspection by service users independently and with staff as a space to deescalate behaviour, explore the environment or to use the outside equipment.

The walk around the setting identified the service users activity spaces, dining area and bathrooms were all observed as accessible. The day centre environment presented as functional for this group, warm, comfortable and the lay out promoted freedom of movement for the service users. No obvious hazards internally or externally were noted. Overall the inspection of the premises and grounds identified they presented as safe, well maintained and suitable for their stated purpose.

The 13 service users consulted with during the inspection described the day centre was somewhere they liked coming too. They said they liked being in day care because they could be with friends. One group said they knew they the setting was short staffed and this had affected the activities, groups and outings available for them. They said they would like to see this improve.

Staff acknowledged during this discussion that the recruitment process for new staff was underway. They said this had the potential to resolve the staffing issues if staff can be retained. They said staff morale had decreased due to the pressures of staff leaving and there had been some changes in hours which they felt may discourage staff in staying longer term in the setting.

One service user returned a questionnaire to RQIA regarding this inspection. They stated they felt safe in the setting; they could talk to staff if they were unhappy, and the setting is comfortable.

One relative returned a questionnaire. They raised some safety concerns specific to their relative and this has been forwarded to the manager for their action. A recommendation is made in this regard.

Three staff members returned questionnaires. They stated safety was very good in the setting. The questionnaires detailed care was safe because they had received training to care for service users safely, there are risk assessments and care plans in place for service users, they would report bad practice and they receive support to fulfil their roles and responsibilities

Areas for improvement

Two areas for improvement were identified during the inspection. The staffing arrangements for rooms 6 and 7 should be reviewed and the safety concerns raised by a relative should be investigated and risk management plan must be in place.

Number of requirements	1	Number of recommendations	1
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4.4 Is care effective?

The content of the Appleby Social Education Centre (SEC) statement of purpose was sampled and this described the purpose of this service; the number of service users cared for daily; the staffing arrangements; and the arrangements for the care of service users, this information was consistent with the registration details held by RQIA and observations on the day of the inspection.

The inspection of seven individual service user care files evidenced the care described in the statement of purpose was being put into practice. For example each service users' needs had been assessed and this was used to draw up a plan with the service users, their relatives or representatives. This had been reviewed at least annually to ensure the care provided was appropriate to meet the service user's health and social care needs, and where possible independence was promoted and supported. The record keeping formats were produced and completed in accordance with legislation, standards and best practice guidance. For example risk assessments had been completed when necessary, and were reviewed. The care plan incorporated the outcome of the risk assessment. Overall the content of the recording was person centred however; the reports, assessments and plans were not signed by service users or relatives. Therefore there evidence that information and plans were agreed by all parties was not demonstrated. A recommendation is made for this to be improved.

Discussion with one group of service users confirmed the setting had effectively met their needs. They social opportunities, activities and care from staff was good. They described they been asked what they wanted to do and staff were on hand to support them.

One service users' questionnaire identified they were getting the right care at the right time; staff were communicating with them; their choices are listened to; they can choose the activities they take part in; and have been involved in the annual review of their day centre placement.

One relative's questionnaire identified their relative gets the right care, at the right time, in the right place; they were satisfied with communication with staff; their awareness of their relative's needs; preferences and choices, that these were incorporated into the care they receive; and they are involved in their relative's annual review.

Discussion with staff revealed they follow the care plans and find out all they can about each service user. Staff described they observed the effectiveness of care had been impacted on by the staffing reduction. They were hoping the new staff will enable them to provide more activities and be more innovative.

Three staff questionnaires identified service users are involved in their care plan, care plans inform the care provided, monitoring of quality is in place and that staff respond to service users in a timely manner. One questionnaire stated “staffing levels and the availability of staff impacts on how effective care is. When staffing is low service users are asked if they can wait for assistance. Staff are good at prioritising when this occurs”.

Areas for improvement

One area for improvement identified during the inspection was to ensure the service users documentation is signed by the service users and or relatives to confirm they have been consulted and agree with the plan.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

This inspection included consultation with 13 service users during the morning and afternoon. During the observation and discussions staff were observed checking service users were comfortable, that their needs were being met and checking their preferences. If the staff identified someone needed additional support they sensitively and discretely got their attention and accompanied the service user to where they could get more individualised care and privacy. Overall staff were observed supporting service users in a compassionate way, encouraging service users to be involved in their care and promoting their independence.

The seven service users individual files inspected and information displayed around the setting included easy read information and symbols that promoted person centred communication and service users involvement in decisions affecting their care and support.

The staff described they consult with service users informally when they are in the setting regarding their needs, preferences and choices. They described consultation is not always discussion; it can also be gauging preferences through body language or behaviour.

The setting had facilitated committee (service user) meetings. The records for three meetings held in April June and September were inspected. The minutes described service user's preferences, staffing and activities were discussed. The minutes were written and stored in a file accessed by staff. This process did not promote all service user involvement because minutes were not made available for service users to access and there was no process in place for service users to suggest agenda items. Therefore a recommendation is made for the agenda and minutes to be made available to all service users.

The annual survey was made available for inspection. A summary report had been written and this did not contain any concerns.

One service users' questionnaire identified they were treated with respect and were involved in decisions affecting them, the staff are kind and caring, their privacy is respected; they have choices and are involved in decisions.

One relative's questionnaires described their relative was treated with dignity and respect and involved in decisions affecting their care. They do not have any concerns and their relative is treated well. They also wrote "I have nothing short of admiration for the way the staff treat my son".

The three staff questionnaires identified service users are treated with dignity and respect, encouraged to be independent; their views are sought and acted upon.

Areas for improvement

One area for improvement was identified during the inspection to improve service user involvement in the service user meetings.

Number of requirements	0	Number of recommendations	1
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4.6 Is the service well led?

The assistant manager was present and acting as manager on the day of the inspection. The examination of the day centres statement of purpose provided evidence the management arrangements detailed were consistent with the day centres registration details.

The assistant manager provided examples of management and governance systems they had used to ensure the setting is safe, well managed and service users' needs are met in compliance with the Day Care Settings Regulations (NI) 2007 and Standards 2012. Examples were the person in charge completes a daily report which records the number of service users in the setting daily, staffing arrangements, details of any incident or accidents, any vulnerable adult concerns, complaints, risk management issues, quality assurance audits, environmental audits and medication audits. The records for September and October were sampled and this did not reveal any concerns.

The annual report for 2015/2016 was provided for this inspection and the document presented as compliant with regulation 17(1).

The monthly monitoring visits and reports were inspected from June to September 2016. The reports available evidenced visits had taken place once per month as required in regulation 28 and described the conduct of the setting.

The complaints record was reviewed and this revealed two had been received. Compliments records were also recorded and maintained by staff. The record evidenced service users' issues of dissatisfaction were recorded and responded to in accordance with the settings policies and procedures. It was also noted service users were satisfied with the outcome.

The service users spoken to were aware of the management arrangements in the setting. They said they could talk to the manager and assistant managers and they could talk to any of the staff.

One service users' questionnaire identified the service was managed well; they said they knew the manager and could talk to them if they had any concerns. Finally staff had responded well to them and they are asked what they would like to do in the setting.

One relative's questionnaire stated the service was managed well; staff and the manager are approachable, professional and caring. They have a copy of the service user's guide.

Discussion with staff confirmed they knew how to respond to a range of situations such as responding to issues of dissatisfaction or a vulnerable adult concern communicated by service users. Staff discussed they plan together and support each other, they were clear who they report to and what to do if they had a concern about a staff member or service user.

Three staff questionnaires identified the service is managed well, the service is monitored, and communication between the staff and management is effective.

Areas for improvement

No areas for improvement were identified during the inspection.

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

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Leeanne Cornett, assistant 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Settings Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and 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 to be 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 20 (1) (a)

Stated: First time

To be completed by:
05 December 2016

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.

Response by registered provider detailing the actions taken:

The Registered Manager has reviewed staffing for the centre overall and the outcomes for rooms 6 & 7 are: 2 staff to each group room. The review included a review of group membership which has been reduced in group 6. This currently allows for a ratio of 1:1 for the two service users supported in group 6, with a ratio of 1:2 for service users supported in group room 7.

Recommendations

Recommendation 1

Ref: Standard 6

Stated: First time

To be completed by:
05 December 2016

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.

Response by registered provider detailing the actions taken:

In consideration of safeguarding and staff concerns and in consultation with the concerned relatives; a change of group is being actioned for this service user, in a phased manner, at this time. This change should reduce risks to the affected service user and should enhance his experiences at day care in a positive manner.

Recommendation 2

Ref: Standard 7.7

Stated: First time

To be completed by:
05 December 2016

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.

Response by registered provider detailing the actions taken:

This is being actioned at annual reviews.

Recommendation 3

Ref: Standard 8.2

Stated: First time

To be completed by:
05 December 2016

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.

Response by registered provider detailing the actions taken:

This has been actioned. Service users in all group areas are encouraged to contribute to the Agenda for meetings and minutes of same are being shared with all groups accordingly. Day Care Workers will share this information with group members in so far as is possible.

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews