

Unannounced Care Inspection Report 7 June 2018



Station Road Resource Centre

Type of Service: Day Care
Address: Station Road, Armagh, BT61 7NP
Tel No: 02837412415
Inspector: Jim McBride

www.rqia.org.uk

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 30 places that provides care and day time activities for people living with learning disability (LD), physical disability (PH), and sensory impairment (SI). With the exception of statutory holidays the day centre is open five days, Monday to Friday, each week.

3.0 Service details

Organisation/Registered Provider: Southern Health & Social Care Trust Responsible Individual: Shane Devlin	Registered Manager: Margaret Murphy (Acting)
Person in charge at the time of inspection: Margaret Murphy	Date manager registered: (Acting)
Number of registered places: 30	

4.0 Inspection summary

An unannounced inspection took place on 7 June 2018 from 09.15 to 14.30.

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 and competency in regard to safe care, risk management; the day care setting environment; service users individual care records; providing the right care, in the right place, at the right time; activities; the ethos of the day care setting; acting on service user's views and preferences, maintaining good working relationships.

Service user comments:

- "I feel safe and secure here with staff."
- "The activities are great."
- "All the staff are good and listen to us if we have any concerns."
- "I always feel good here."
- "The staff are all so helpful and nice."

Staff comments:

- "We know all the service users' needs and work well with them."
- "Training is excellent."
- "The manager is very supportive."
- "We have an open door policy with management."
- "Nothing is too much trouble for managers."
- "The staff do communicate well with each other."

- “Induction prepares you for your role.”
- “Service users have a great choice of activities.”

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
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Margaret Murphy, manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 23 November 2017

No further actions were required to be taken following the most recent inspection on 23 November 2017.

5.0 How we inspect

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

- record of notifications of significant events
- record of complaints
- the previous inspection report
- the RQIA log of contacts with, or regarding the day centre

During the inspection the inspector met the acting manager and three day care staff. The inspector had the opportunity to meet with five service users whilst observing others during their activities.

The staff available gave a comprehensive overview of the centre. From discussion with staff it was evident they had a good person centred approach to service users.

No visiting professionals or visitors/representatives were available on the day of the inspection.

At the request of the inspector, staff were asked to display a poster within the day care setting’s registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision; one response was received. Staff survey results show that the staff member was satisfied or very satisfied when asked the following:

- Do you feel satisfied that service users, are safe and protected from harm?
- Do you feel satisfied that all service users are treated with compassion?
- Do you feel satisfied that care delivered to service users is effective?
- Do you feel the service is managed well?

The inspector provided questionnaires to staff for circulation to service users/relatives seeking their views on the service. Two responses were received.

The inspector requested that the registered manager place a 'Have we missed you' card in a prominent position in the agency to allow service users, relatives and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No replies were received by RQIA.

Comments received from returned questionnaires:

- "I'm well satisfied with everything."
- "The staff are always pleasant."
- "All very nice and take time to talk to me."
- "They brighten my day."

The following records were examined during the inspection:

- statement of purpose (2017)
- service user's guide (2018)
- minutes of service users' meetings held in 2017/18
- minutes of staff meetings held in 2017/18
- reports of quality monitoring visits 2017/18
- annual review report (2018)
- fire risk assessment
- fire safety checks
- whistleblowing policy (2017)
- recruitment and selection policy (under review)
- safeguarding policy (2017)
- staff training records including:
 - safeguarding
 - fire safety
 - health and safety
 - incidents
 - complaints management
 - challenging behaviour
 - medication
 - supervision and appraisal
 - records management
 - challenging behaviour
 - human rights
 - manual handling
- record of complaints
- record of incidents and accidents
- five service users' files and risk assessment records

The inspector would like to thank the staff and service users for their support and co-operation throughout the inspection process.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 23 November 2017

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

6.2 Review of areas for improvement from the last care inspection dated 23 November 2017

There were no areas for improvement made as a result of the last care inspection.

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 manager and staff confirmed the planned daily staffing levels for the day centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. Staff confirmed that staffing levels met the assessed needs of the service users. Discussion with the manager evidenced that there were no concerns regarding staffing levels.

The manager confirmed the arrangements in place to ensure information pertaining to all of the matters specified in Schedule 2 and 5 of The Day Care Setting Regulations (Northern Ireland) 2007 were reviewed. Recruitment records reviewed were satisfactory. A checklist of information regarding pre-employment checks is forwarded to the manager prior to an induction timetable for individual staff members.

There was an induction programme in place for all grades of staff which included the Northern Ireland Social Care Council (NISCC) competency standards, which assists new staff to identify skills they are confident in and areas they may need more development in.

The settings training records demonstrated that staff had received mandatory training and other training relevant to their roles and responsibilities. Discussion with staff confirmed they had received training that had assisted them to provide safe and effective care. Staff spoken with clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

The examination of the settings incidents, accidents and notifications forwarded to RQIA found safety issues and risks had been identified and managed. Assessments and care plans had been reviewed and updated as necessary to ensure practice was safe and effective. The sample of records inspected indicated the relevant incidents/notifiable events had been reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the Trust policies and procedures and RQIA were notified appropriately. Where any shortcomings were identified safeguards were put in place.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The person in charge could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The agency has updated their policy and procedures to reflect information contained within the policy. The organisation has identified an Adult Safeguarding Champion (ASC); the staff could describe their key areas of responsibility.

The staff on duty on the day of inspection discussed the needs of the service users they were responsible for. They gave a clear description of their needs and how those needs can be met.

The staff stated their main priorities is to ensure the service users were safe and enjoying their day care experience. The staff confirmed that if they had any concerns regarding safe practice they would discuss this with their colleagues and/or the management team who they described as accessible and supportive. Staff confirmed service users are encouraged to give their views, opinions and preferences.

The inspector noted some of the comments from service users during their annual care reviews:

- "Great staff and support here."
- "I'm happy with all the activities."
- "The meals are good."
- "My transport is going well."

Staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns.

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, fire exits seen were unobstructed. The centres fire risk assessment made available had been reviewed on 11 May 2017. Records of fire drills were in place for from October 2017.

Two returned questionnaires from service users indicated that a safe service meant:

- "There are enough staff to help you."
- "You feel protected and free from harm."
- "You can talk to staff if you have concerns."
- "The environment is safe and clean."

Areas of good practice

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Five service users' care files were viewed; they contained the service user's individual assessments and care plans which described their physical, social and emotional needs. The individual written plans/agreements were found in the service user individual records, these documents confirmed the day service was suitable and appropriate to meet the service user's needs.

The inspection of the care records found they were maintained in line with the legislation, the assessments of need, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Records were stored safely and securely in line with data protection. Staff discussion confirmed they use the service user's individual records daily to guide their practice and recognised 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' needs and respond to them effectively.

Records were made available for inspection concerning audits of care records, accidents incidents 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. This included pre-admission information, care reviews, service users' meetings and staff meetings. The manager confirmed that staff and service user meetings were held regularly.

The inspector noted some of the areas for discussion during the service users' meetings:

- monthly monitoring
- activities
- RQIA
- service user feedback
- day opportunities

The inspector also noted some of the areas for discussion during staff meetings:

- NISCC

- risk register
- monitoring visits
- training
- service user updates
- RQIA
- staffing

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

The manager stated that the centre is in the process of completing their annual review of the quality of service provision, so no records were available for inspection. A copy of the report will be forwarded to RQIA when completed.

The centre's Statement of Purpose and the Service User's Guide provide information required by the regulations and the minimum standards.

Two returned questionnaires from service users indicated that an effective service meant:

- "You get the right care, at the right time in the right place."
- "The staff know your care needs."
- "You are kept aware of your care plans."
- "Your care meets your expectations."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to service users individual care records; providing the right care, in the right place, at the right time; and activities.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

Discussions with staff regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as promoting their strengths and providing choice. Service users are enabled and supported by staff to engage and participate in meaningful activities and outings. Staff discussed the range of activities service users could

take part in. The activity programme was noted as developing social opportunities for service users as well as their hobbies and interests.

Staff members presented as being committed to providing service users with purposeful and enjoyable experience at the centre and in other activities. Staff demonstrated a comprehensive understanding of each service user's assessed needs and individual care plan.

The systems in place to ensure that the views and opinions of service users were sought and taken into account included an annual satisfaction survey and reviews of specific aspects of the service.

Records for service users were presented in appropriate formats that helped each person to understand the content. During each monthly quality monitoring visit, the views of sample of service users were sought in all of the monthly monitoring reports examined. The evidence presented at this inspection confirms that compassionate care is provided consistently in the centre.

Two returned questionnaires from service users indicated that a compassionate service meant:

- "Staff treat you with kindness."
- "Staff ensure you are respected and that your privacy and dignity is maintained."
- "Staff inform you about your care."
- "Staff support you to make decisions about your care."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, dignity and privacy, listening to and valuing service users and taking account of the views of service users.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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. Staff confirmed they had access to a range of policies and procedures in place that they use to guide and inform their practice. Supervision and appraisal records detailed staff had received recorded individual, formal supervision at least every three months.

No complaints had been recorded since the previous care inspection. Discussion with the manager confirmed that no complaints had been received.

The Regulation 28 monthly quality monitoring visits had been undertaken monthly on behalf of the registered provider. The reports showed the visits included unannounced visits and qualitatively reflected service users and staff views and opinions, the reports commented on the conduct of the setting and did not reveal any concerns that were outstanding. The inspector noted some of the positive comments received from, service users, staff and HSC trust professionals. This area of good practice is to be commended particularly pertaining to the quality of the feedback received.

Service users' comments:

- “I feel supported by staff.”
- “I like the mixed group of ages.”
- “I like it here I’m safe and the staff are ok.”
- “Activities are varied.”
-

Staff comments:

- “All training is organised and in place.”
- “Staff away day was positive.”
- “I recently attended training and it was helpful.”
- “The centre has improved more activities sourced according to need.”

HSC Trust comments:

- “A very good centre and I have a good relationship with staff.”
- “They are professional at day care and follow through with care plans.”
- “All staff work together to enable the transition from home to day care.”

The staff were asked what their opinion was regarding leadership in the centre; they complimented the deputy manager in place currently. Staff described and stated that they knew what was expected of them, the manager and deputy were approachable, the lines of accountability were clear and the manager and deputy had an open door policy. They said if they had any concerns the HSC Trust has a whistleblowing policy however, they worked well with their colleagues and hoped any concerns would be dealt with at an early stage with their colleagues.

Overall the inspection showed the management team are providing good examples of leadership that is promoting improvement in this centre.

The inspector noted that the agency collects equality information in relation to service users, during the referral process. The data is used effectively and with individual service user involvement when an individual person centred care and support plan is developed. The manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users some of whom have complex needs.

Discussions with the staff and the manager, highlighted evidence that supports service users' equal opportunities regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective communication

- service user involvement
- safeguarding
- advocacy
- equal care and support
- individual person centred care
- individual risk assessment
- disability awareness

The agency’s commitment to equality and individual person centred care is an area of positive practice and is to be commended.

The manager stated that all staff are required to be registered with the Northern Ireland social Care Council (NISCC) or other regulatory bodies as appropriate. The service retains a list of staff registration details and expiry dates; a record is also maintained by the human resource department. Records viewed by the inspector indicate that all staff are registered appropriately.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

Two returned questionnaires from service users indicated that a well led service meant:

- “You always know who is in charge at any time.”
- “You feel the service is well managed.”
- “Your views are sought about your care and the quality of the service.”
- “You know how to make a complaint.”

Areas of good practice

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

Twitter @RQIANews