



The Regulation and
Quality Improvement
Authority

Station Road Resource Centre
RQIA ID: 10791
Station Road
Armagh
BT61 7NP

Inspector: Suzanne Cunningham
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Unannounced Care Inspection
of
Station Road Resource Centre
05 November 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 05 November 2015 from 09.45 to 14.35. Overall on the day of the inspection the Day Care Service 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	3

The details of the QIP within this report were discussed with the Breda Farrell, Day Care Worker as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mrs Paula Clarke	Registered Manager: Margaret McShane
Person in Charge of the Day Care Setting at the Time of Inspection: Leanne Cornett (assistant manager) until 12:00 Breda Farrell (day care worker)	Date Manager Registered: 21 February 2014
Number of Service Users Accommodated on Day of Inspection: 10	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:

Prior to inspection the following records were analysed:

- the registration status of the service;
- incidents notifications for the last 12 months which revealed one incident had been reported
- written communication received since the previous care inspection which revealed the manager had been absent and an acting manager was covering this role
- the returned quality improvement plan (QIP) from the care inspection undertaken in the previous inspection.

During the inspection, care delivery/care practices were observed by the inspector and a tour of the general environment took place. The inspector met with 10 of the service users in the day care setting, the assistant manager and two staff. There was no visiting representatives/family members present during the inspection and one visiting professional spoke with the inspector. Five staff and nine service users completed RQIA questionnaires for this inspection.

The following records were examined during the inspection:

- the settings statement of purpose and service user's guide;
- five service users individual care records including care plans, assessments and review documentation;
- activity planning records and service user consultation from April 2015 to October 2015
- two complaints/issue of dissatisfaction;
- August, September and October monitoring reports (regulation 28)
- a sample of the settings incidents and accident records from January 2015 to November 2015;
- the settings arrangements for the annual quality assurance report;
- policies and procedures regarding standards 5 and 8.

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 February 2015. 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 7.4	The registered manager should make appropriate arrangements for the service user agreement to be used with service users and a signed copy should be available in service user's records.	Met
	Action taken as confirmed during the inspection: The review of five files provided evidence the service user agreement is now in files and had been signed by the service user in each example inspected.	

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

Is Care Safe?

There is a continence promotion protocol in place for day care settings which clearly promotes continence and staff training to ensure staff have the right knowledge to respond to service user needs.

In the five individual service user records there was evidence staff had actively sought service users views in review meetings however, this was not consistently described in the care planning documentation. The staff should incorporate service users' preferences and choices into the care plan to ensure the care plan promotes a person centred approach to meeting continence needs. A recommendation is made in this regard.

The review of five service users risk assessments and care plans showed three of the five service users care plans had not been reviewed in the last twelve months and one pre review form had not been completed or signed, although it did appear the meeting had taken place. The review of care is an important process that must be carried out annually as a minimum. Reviews ensure the identified needs of each individual service user are current, agreed and recorded so the plan can be updated and staff are informed how to meet those needs. Failure to review the care can result in needs not being met and staff not having the most up to date information regarding how to care for each individual. A recommendation is made to ensure all service users have a review at least annually. The review process should include discussion and written evidence of service user's views, comments and preferences which can be incorporated into the plan. The pre-review meeting consultation and record must be signed by the service users and staff, and changes must be incorporated into the plan which should be updated annually.

Discussions with two staff during the inspection identified staff were aware of the continence needs of the service users, moving and handling needs and the continence products service users' use. Staff had also attended infection prevention and control training and were aware of the need to use Personal Protection Equipment (PPE) when supporting service users with their continence needs.

The bathrooms in the day centre were located in the same corridor; they were various sizes to facilitate the moving and handling needs of the service users in this setting. They had PPE available for use in each one and a supply of spare continence products discretely stored if anyone has forgotten or had already used their own supply. Observations of the environment did not reveal any concern regarding the odour, location/storage of PPE or continence products.

Staff meeting records from May to September 2015 were sampled and this provided evidence of staff discussing continence needs and training prior to this inspection. Discussions with two staff during the inspection revealed that some staff have received training and others have been booked on a session prior to Christmas. The training was reported to be from the perspective of the continence nurses assessment. Staff stated they are satisfied they have the knowledge skills and aids to meet service users' needs in this setting.

Service users' needs range in this setting from independent use of the toilets to needing two staff to assist. One service user spoken to during the inspection said they were happy to ask staff if they need to use the bathroom and that staff support them in this regard. They did not have any complaints or concerns about using the toilet and if they did they would talk to their day care worker.

Discussion with service users and review of the nine RQIA questionnaire responses revealed service users feel satisfied to very satisfied that they are safe and secure in this setting and were satisfied to very satisfied that staffing levels were appropriate. Service users commented "brilliant". "I know where the toilets are and there is an alarm in the toilet if I need help", "no worries I can ask for help", "staff help me access the bathroom and I am happy with this. I would speak to (staff) if anything wasn't ok".

Five staff members returned the RQIA questionnaires after the inspection and they reported they felt satisfied to very satisfied with the training provided in all areas except one staff member. They identified they were unsatisfied with the training provided in mental health and continence management. They commented "the training in continence has only started and I have gone to a session, while it looks at reasons for incontinence – I was not happy with outcomes of the session which was mostly learning disability based". This has been sent to the manager for their information. The five questionnaires also reported staff were satisfied to very satisfied with support from the multi-disciplinary team, obtaining equipment in a timely manner and the environment.

In conclusion the inspection of the care plan and practice revealed service users receive specific individual continence support and their continence is promotion by staff. The inspection concluded continence care is safely delivered and in the files examined; was consistent with the care plan.

Is Care Effective?

In this setting service users supply their own change of clothes and supply of continence products. The arrangements for this were detailed in their plan and were service user specific. In addition the service has a small supply of spare products in each of the bathrooms which were discretely stored in a cupboard. Staff have unrestricted access to these and can access PPE in each of the bathrooms.

As described in safe care staff said they have adequate knowledge of how to meet each service users' needs and this is being supported by the delivery of training led by the continence nurse. The training covers assessment and agreeing a plan to meet continence needs. There is also a focus on where possible staff should promote independence and improved outcomes for service users.

One visiting professional described how staff work effectively together with the service users and professionals who visit the setting. The professional works together with staff regarding risk management and moving and handling, she described staff as pro-active. She said they always keep her informed and if plans are not working or needs have changed they consult with the service user and ask for a reassessment promptly. She reported good relations with staff and there is effective communication with the centre.

Five staff members returned a RQIA questionnaires post inspection. They identified they are very satisfied they have access to supplies of continence products, PPE and based on the care plans staff feel they have sufficient knowledge, skills and experience to assist service users with personal care. One staff member commented "service users bring in their own supplies".

Discussion with service users and review of the nine RQIA questionnaire responses revealed they felt very satisfied the staff are effective and know how to care for them and respond to their needs. One service user commented "staff are great, they couldn't do enough for you".

In conclusion the inspection of standard 5 - the care plan; identified service users receive effective support to meet their individual continence promotion needs.

Is Care Compassionate?

Discussion with staff and the walk around the bathroom area with staff showed they have extensive knowledge of each individual they support. They described meeting needs using a person centred approach, for example prompting service users discretely regarding using the toilet, giving examples of how each service user communicate, particularly those who do not have verbal communication. Overall this reflected a person centred approach, underpinned by values contained in the day care setting standards such as promotion of independence, choice, dignity and respect which are required to deliver care and support when meeting individual continence promotion.

Observation of staff interaction with service users showed staff taking time to speak to all service users in a group, or individually. Service users made choices of where they would go and what activity they would like to take part in. All staff encouraged service users to communicate their choice and opinion.

Five staff members returned RQIA questionnaires which detailed they felt satisfied service users are afforded privacy, dignity and respect at all times and service users are encouraged to retain their independence and make choices.

Discussion with service users and review of the nine RQIA questionnaire responses revealed they felt very satisfied with the care and support they received. One service user commented "everything's working fine".

In conclusion the inspection of standard 5, the care plan provided evidence the service users plan does inform care regarding individual continence promotion and support. Staff were observed delivering care to the service users using a compassionate and person centred approach.

Areas for Improvement

Two recommendations are made regarding Standard 5: Care Plan - where appropriate service users receive individual continence promotion and support.

One recommendation is made the registered manager should enable staff to incorporate service user's preferences and choices into the care plan. The plans should be improved so the care plan promotes a more person centred approach to meeting continence needs.

One recommendation is made to ensure all service users have a review at least annually. The review process should include discussion and written evidence of service user's views, comments and preferences which should be incorporated into the plan. The review meeting consultation and record must be signed by the service users and staff, and changes must be incorporated into the plan which should be updated annually.

Number of Requirements	0	Number 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?

The inspection found evidence of staff actively seeking service users', their representatives', and professional's views and incorporating these into practice. There was a strong focus in records of ensuring that choices, issues of concern, complaints or risks are encouraged, recorded and acted on. Examples of this was found in the following documentation:

- Five service users individual files containing records such as care plans and reviews
- Service user meetings
- Annual survey
- Activity planning
- Complaints and compliments records
- Monthly monitoring reports.

Service user meeting minutes for April, September and October were reviewed, this revealed the meeting is managed by members and facilitated by staff. They had discussed a range of subjects such as activities, fundraising monthly monitoring, service user's safety. The minutes of the latest meeting was on the service user's information board so everyone could access the information. The service user satisfaction survey commenced September 2015 and they were still in the process of collecting back surveys.

Activities planning records showed this was done with service users in advance. The range of activities available is put on the notice board for all service users to see each week what they can join in with.

Compliments were reviewed from August to November 2015 and this revealed satisfaction regarding the care and support service users had received in the setting. The complaints record revealed two issues of dissatisfaction had been raised during the period of January 2014 to March 2015. Both of these matters had been recorded and responded to in accordance with the settings procedure and the content did not raise any concerns.

Monitoring visits were reviewed for August, September and October 2015. The reports showed the monitoring officer had examined staffing levels, contacted service users, spoke with staff and professionals involved. Overall the reports detailed a sound examination of the centres conduct.

Discussions with staff and review of care plan identified staff have a good knowledge of service users' individual modes of communication and preferences regarding how they communicate.

There are policies regarding:

- general communication arrangements
- safe and healthy working practices.

The following policies were not available for inspection and should be in place and available for staff reference. A recommendation is made in this regard:

- service users' meetings and forums
- service users' involvement in activities and events
- communications with carers and representatives.

The inspection revealed staff promote service users' involvement in this setting by gathering service users' views and comments in a variety of ways which is used to shape the quality of services and facilities provided by the day care setting. These processes were promoting safe care which was responsive to service users' needs.

Is Care Effective

There is a range of methods and processes where service users' and their representatives' views are sought as described in the section regarding safe care. These views had been recorded and were incorporated in their care plan or day centre routine. However, as identified in the examination of continence care the care described by staff could be more person centred and individualised than what is currently written in the care plan. A recommendation has been made in this regard.

During the inspection the staff were observed informing service users and persons visiting the Day Care Setting that the inspection was taking place and they were encouraged to discuss their views and the conduct of the Day Care Setting to the inspector.

There are policies regarding:

- inspections of the day care setting
- consent
- listening and responding to service users' views
- management, control and monitoring of the setting
- complaints.

The following policy was not available for inspection and should be in place and available for staff reference. A recommendation is made in this regard:

- quality improvement.

Discussion with service users revealed they felt they are listened to and consulted. They talked about service user meetings, activity and project planning; and their annual satisfaction survey. They also talked about the day to day consultation regarding choices and planning their day in the day care setting. These were examples of where their choices, preferences, opinions or suggestions had been facilitated or implemented and they do they feel listened to. One comment made was: "dinners are always great, we get asked our choices and if we don't like it we can change it to an alternative".

In conclusion the inspection provided evidence of compliance with standard 8. Service users are involved in this service; and service users' views and comments are effectively used to shape the quality of services and facilities provided by this day care setting.

Is Care Compassionate?

Discussions with service users provided examples of how they are listened and responded to by staff for example in service users meetings, service users surveys, monitoring visits and in one to one discussions with staff. Staff presented as knowledgeable about individual service users' communication needs and were able to describe how they use non-verbal cues as well as verbal communication to understand what a service user needs and wants.

Service users meetings were a particularly good example of how service users are kept informed about issues affecting them. Issues discussed included the development of the outside area, the bus, activities, staff changes etc.

Five staff members returned an RQIA questionnaires which reported they are very satisfied staff talk and listen to service users; care is based on individual's wishes and needs; service users are involved in the running of the centre; systems are in place to seek service users views; management respond to service users issues, concerns or complaints; and service users are kept informed regarding any changes or events. One staff member commented "service users are very involved in and influence the running of the centre and in activities they wish to avail of. Through the service user support group a number of grants have been

applied for and approved, this involves the service users completing applications and agreeing activities such as laughter yoga, men shed etc. with staff support”.

Discussion with service users and review of the nine RQIA questionnaire responses revealed that they felt very satisfied that their views and opinions are sought about the quality of the service. One service user commented an example of consultation was “had survey”.

In conclusion the inspection of standard 8 regarding service users’ involvement provided examples of how staff use a compassionate approach to seek service users’ views and comments. These are used to shape the quality of services and facilities provided by the day care setting

Areas for Improvement

Two areas of improvement were identified regarding Standard 8: Service Users’ Involvement - service users’ views and comments shape the quality of services and facilities provided by the Day Care Setting. However one area was also identified in the examination of standard 5, therefore only one new area of improvement has been made.

One recommendation is made that the settings policies and procedures regarding standard 8. They should be updated and reviewed to ensure they are compliant with standard 18 and Appendix 2. Specifically the following policies need to be made available for staff reference:

- service users’ meetings and forums
- service users’ involvement in activities and events
- communications with carers and representatives
- quality improvement.

One recommendation is made for the registered manager to make appropriate arrangements for staff to incorporate service user’s preferences and choices into the care plan. The plans should be improved so the care plan details service users’ and their representatives’ preferences in a more person centred and individualised way than what is currently written in the care plan. This recommendation was also made in the examination of standard 5 and therefore this has been stated as one recommendation.

Number of Requirements	0	Number Recommendations:	1
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5.5 Additional Areas Examined

None.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Leanne Cornett (assistant manager) and the day care 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 home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 5</p> <p>Stated: First time</p> <p>To be Completed by: 31 December 2015</p>	<p>The registered manager should make appropriate arrangements for staff to improve their recording in the care plans. The plans should incorporate service users preferences and choices into the detail of how to meet identified needs and use a more person centred and individualised way of recording.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Staff have received Continence Promotion training and are now incorporating this learning into relevant care/support plans.cares plans are becoming much more person centred and person specific in regard to Continence promotion.</p>
<p>Recommendation 2</p> <p>Ref: Standard 15</p> <p>Stated: First time</p> <p>To be Completed by: 31 December 2015</p>	<p>The registered manager should make appropriate arrangements in this day care setting for all service users have a review at least annually. The review process should include discussion and written evidence of service user's views, comments and preferences. This should be incorporated into the plan.</p>
	<p>The review meeting, consultation and record must be signed by the service users and staff, and changes must be incorporated into the plan which should be updated annually.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: A number of reviews were postponed at request of service user and staff have been in contact with designated community staff in regard to outstanding reviews. The process for reviewing care palns has been changed to take account of review planning and outcomes.</p>
<p>Recommendation 3</p> <p>Ref: Standard 18 & Schedule 2</p> <p>Stated: First time</p> <p>To be Completed by: 31 December 2015</p>	<p>The registered manager should improve the settings policies and procedures. They should be updated and reviewed to ensure they are compliant with standard 18 and schedule 2. Specifically the following policies need to be made available for staff reference regarding standard 8:</p> <ul style="list-style-type: none"> • service users' meetings and forums • service users' involvement in activities and events • communications with carers and representatives • quality improvement.
	<p>Response by Registered Person(s) Detailing the Actions Taken: We have reviewed and updated the guidelines that were available during the inspection. these now reflect the processes that are current in Station Road. Additional guidance has been made available in regard to Quality Improvement and these policies are available for staff and will be discussed at planned staff meetings..</p>

Registered Manager Completing QIP	Margaret Mc Shane	Date Completed	22/12/15
Registered Person Approving QIP	Francis Rice	Date Approved	22.12.15
RQIA Inspector Assessing Response	Suzanne Cunningham	Date Approved	30/12/15

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