

Unannounced Care Inspection Report 23 November 2017



Station Road Resource Centre

Type of Service: Day Care Setting
Address: Station Road, Armagh, BT61 7NP
Tel No: 02837412415
Inspector: Priscilla Clayton

www.rgia.org.uk

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 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 HSC Trust Responsible Individual: Francis Rice	Registered Manager: Margaret Elizabeth McShane.
Person in charge at the time of inspection: Breda Farrell, Day Care Worker.	Date manager registered: 21 February 2014
Number of registered places: 30 - DCS-LD, DCS-PH, DCS-SI	

4.0 Inspection summary

An unannounced inspection took place on 23 November 2017 from 09.45 to 15.20 hours.

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 day care setting was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the culture within the day centre, listening to and valuing service users and taking account of their views. Good practice was found in regard to the provision of staff induction, staff training, supervision, appraisal and maintenance of comprehensive care records.

Three service users and one relative completed and returned satisfaction questionnaires to RQIA within the timescale. All respondents indicated satisfaction with the service and that care provided was safe, effective, compassionate and well led. No issues or concerns were recorded.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Breda Farrell, day care worker in charge and Mairead Murphy registered manager of another day care facility who was covering for the absence of the registered manager for Station Road day care centre.

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

5.0 How we inspect

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

- Previous care inspection report and QIP dated 29 June 2016
- Notification of accidents/incidents/events
- Correspondence

During the inspection the inspector met with all service users and three staff

The following records were examined during the inspection:

- RQIA registration Certificate
- Statement of Purpose
- Service User Guide
- Staff induction
- Staff training
- Accident/Incidents/events notifications
- Policies and procedures relevant to this inspection
- Three service user care records
- Service user meetings
- Staff meetings
- Audit
- Monthly monitoring visits

Ten service user satisfaction questioners were provided for distribution, completion and return to RQIA. Four questionnaires were completed and returned within the timescale.

A poster was provided for display in a prominent position to inform staff how to access satisfaction questionnaires via survey monkey or mobile phone scan. No staff questionnaires were returned to RQIA within the timescale.

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.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 29 June 2016.

The most recent inspection of the day care setting 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 29 June 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 18.1 Stated: Second time	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: <ul style="list-style-type: none"> • Communications with carers and representatives • Quality improvement 	Met
	Action taken as confirmed during the inspection: Policies and procedures had been reviewed and revised where necessary.	
Area for improvement 2 Ref: 18.3 Stated: First time	The registered manager should include an index in the policy manual to provide staff with ease of access.	Met
	Action taken as confirmed during the inspection: An index was in place within the policy manual.	
Area for improvement 3 Ref: 5.2 Stated: First time	The registered manager must ensure that the recommendations made following a choking risk assessment are recorded within the service user care plan.	Met
	Review of other choking risks assessments records should be undertaken to ensure recommendations made are recorded within care plans.	
	Action taken as confirmed during the inspection: Recommendations were reflected within the care plan.	

	The support worker advised that where risk assessment recommendations were made these had been recorded within care plans.	
Area for improvement 4 Ref: 18.1 Stated: First time	The registered manager should cross reference policies held in hard copy format with those held electronically to ensure these match.	Met
	Action taken as confirmed during the inspection: Cross matching of policies held in hard copy with those held electronically had been completed.	

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 care support worker in charge advised that staff working within the day centre were sufficiently qualified, competent and experienced to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose.

The staff duty roster reflected staff on duty each day including the capacity in which they worked and who was in charge.

Competency and capability assessments had been completed for staff in charge of the centre in the absence of the manager.

Staff induction programmes were in place for appointed staff. Two staff Induction programmes reviewed reflected training and standards to be achieved. Programmes were dated and signed by the staff member and the registered manager.

Reviews of notifications forwarded to RQIA were cross reference with accident and incident records retained within the centre's datex electronic system. Records retained evidence that these were appropriately managed and where necessary actions taken to ensure measures were in place to minimise recurrence. All accidents/incidents data is monitored, via the trust datex system, by the locality day care manager and the designated trust governance officer.

The day care worker in charge explained that with the exception of wheel chair straps restrictive practice would only ever be used following assessment, collaboration and review by the multidisciplinary team. Service users with specialised wheel chairs had been assessed by the occupational therapist in regard the provision of straps. Staff training in restrictive practice had been provided for all staff.

The day care centre's policy on Restrictive Practice had been reviewed February 2017.

The day care worker in charge confirmed that no adult safeguarding incidents had occurred since the previous care inspection. The day care worker explained that any suspected, alleged or actual incidents of abuse would always be promptly referred to the adult safeguarding team and investigated in accordance with procedures and legislation.

The day care worker in charge advised that the trust has adapted the Department of Health adult safeguarding regional policy and procedures titled Adult Safeguarding Prevention and Protection in Partnership, July 2015 and that the development of a trust policy was a work in progress. The trust Champion for adult safeguarding had been identified. Review of staff training records in adult safeguarding evidenced that training had been provided for all staff during August 2017. Additional awareness training scheduled for May 2018.

The day centre had a comprehensive policy/procedures on Infection, prevention and control.

Inspection of the day centre evidenced that the centre was exceptionally clean, tidy and organised. The registered manager, redeployed from another day care centre, who was covering in the absence of the registered manager, explained that arrangements made to ensure appropriate storage of dressings and supplies required for use in the centre by the visiting nurse from the complex care team

Infection prevention and control measures available included for example; disposable gloves, aprons, liquid hand soap, disposable hand towels and pedal operated disposal bins. Pictorial notices displaying safe hand washing technique were positioned at wash hand basins.

Mechanical hoists were noted to be well maintained with twice yearly maintenance service undertaken with dates recorded.

Control of substances hazardous to health (COSHH) was observed to be securely stored.

There was a current fire risk assessment for the centre which was undertaken on 11 May 2017. Recommendations recorded for action had been addressed, dated and signed. Staff had received fire safety training/drill on 26 June 2017. Records of staff attendance were recorded.

Three service users and one relative completed and returned satisfaction questionnaires to RQIA within the timescale. All respondents indicated satisfaction that the care provided was safe; with enough staff; they felt protected and free from harm; could talk to staff if they had concerns and that the environment was safe. No issues or concerns were recorded.

Areas of good practice

There were examples of good practice found in relation to staff induction, training, adult safeguarding, infection prevention and control, risk management and the day care centre's environment.

Areas for improvement

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.

The day centre's current Statement of Purpose and Service User Guide were in place. The day care worker in charge confirmed that services were delivered in accordance with the Statement of Purpose which was kept under review.

Three service user's care files were provided for review. Documentation including; needs assessments, which were complemented with risk assessments, care plans, progress notes and review reports were contained within each file. Each service user has an individual written agreement that sets out the terms of their day care placement.

Care reviews were undertaken with records made which reflected that the placement within the centre was appropriate to meet the health and social care needs of the service user.

Care records were observed to be securely stored.

Monthly audits of randomly selected care records were undertaken with outcomes recorded and if necessary action taken to address identified issues.

Service users who were able to articulate their views indicated they knew who to contact if they wanted advice or had any issues or concerns.

Staff who spoke with the inspector demonstrated knowledge of how to escalate concerns.

There was evidence of effective modes communication in regard to the provision of care through ongoing review meetings, service user meetings and daily consultations with service users and where necessary information regarding care shared with relatives. In addition there was recorded evidence of on-going collaboration with the multi-professional team.

Three service user and one relative completed and returned satisfaction questionnaires to RQIA within the timescale. Respondents indicated that they were very satisfied that the care provided was effective; they got the right care, at the right time in the right place; staff knew their care needs; they were kept aware of their care plans and that care provided met their expectations.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

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.

Discussion with service users, staff and observation of staff interactions demonstrated that service users were treated with dignity and respect while promoting and maintaining their independence.

Service users are enabled and supported to engage and participate in meaningful activities, social events, hobbies and interests. Organised activities included, for example; art / crafts, general knowledge quizzes, music sessions, Healthy Living – “Fit for you” programme organised over a six week period. Service users who were able to articulate their views confirmed that they really enjoyed the activities, especially the Healthy Living programme.

Staff and service users who spoke with the inspector confirmed that their views and opinions are taken into account in all matters affecting them through daily discussions, care reviews and service user meetings which were held on a monthly basis or more frequently if necessary. Minutes of meetings were recorded.

Discussions with staff and observation of practice confirmed that service users’ needs were recognised and responded to in a prompt and courteous manner by staff.

The day care worker explained that the annual satisfaction survey was underway with questionnaires issued to service users/representatives. The outcome of the survey is to be included within the centre’s annual quality report which is currently a work in progress.

Staff confirmed that an “open door” policy was available to everyone should there be any issues or concerns they may wish to discuss.

One relative and three service users completed and returned satisfaction questionnaires to RQIA within the timescale. Respondents indicated they were satisfied that the care provided was compassionate; staff treated them with kindness; they were respected and that their privacy and dignity was maintained; staff informed them about their care and supported them to make decisions about their care. No issues or concerns were recorded.

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, listening to and valuing service users and taking account of the views of service users.

Areas for improvement

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 day centre's current RQIA registration certificate was displayed in a prominent position.

The day care worker outlined the management arrangements and governance systems in place. The registered manager, Margaret McShane has been on leave and Mairead Murphy; registered manager from another trust day care centre had been redeployed to undertake responsibility for the management of Station Road Resource Centre until further notice. RQIA had been notified of this change. Mairead Murphy attended the inspection to provide support to Breda Farrell, day care worker who was in charge of the day centre when the inspection commenced.

There was a range of policies and procedures in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures had been recently reviewed to ensure these matched those held electronically.

There was a complaints policy and procedure in place which was in accordance with legislation and DOH guidance. Service users and their representatives were made aware of how to complain by way of the Service User Guide. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of complaints records and discussion with the day care worker evidenced that no complaints had been received since the last inspection.

The centre had an accident/incident/notifiable policy and procedure which included reporting arrangements. Accidents/incident data was entered and retained within the trust Datix system with hard copies available. One notification forwarded to RQIA since the previous inspection had been appropriately managed. The day care worker advised that, should accidents or incidents occur more frequently, a regular audit would be undertaken. Learning from accidents and incidents would be disseminated to all relevant parties and where necessary measures put in place to minimise the risk of recurrence.

Staff confirmed that they received supervision on a quarterly basis with records retained. The supervision schedule was available. Staff appraisals were being held annually with records retained.

Staff meetings were held monthly with minutes recorded and retained on file. Staff confirmed that minutes were displayed on the notice board and shared with all staff.

The day care worker explained the quality assurance systems in place to drive continuous quality improvement, for example; audits of care records, environment, fire safety and annual service user/representative satisfaction survey. The development of the annual quality report for 2016/17 was a work in progress.

Monthly quality monitoring visits were undertaken on behalf of the registered provider with reports available for inspection. Reports of visits undertaken during September 2017 and October 2017 contained detailed information in accordance with Regulation 28 of The Day Care Setting Regulations.

Three service users and one relative completed and returned satisfaction questionnaires to RQIA within the timescale. Respondents indicated that they were very satisfied that the centre was well managed; they knew who was in charge, that their views are sought about their care and quality of the service. No issues or concerns were recorded.

Areas of good practice

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

Areas for improvement

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.



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