

Care Inspection Report

05 September 2016



MS Society NI

Type of service: Day Care Service
Address: The Resource Centre,
34 Annadale Avenue, Belfast, BT7 3JJ
Tel No: 02890802802
Inspector: Dermott Knox

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of MS Society NI took place on 05 September 2016 from 11.15 to 16.15 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day centre was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The MS Society day centre premises were bright, clean and in good condition, with no obvious hazards for service users or staff. Written records and discussions with staff and service users confirmed that staffing levels and the staff employed met the assessed needs of the service users. Safeguarding principles and procedures were understood by all three staff who were interviewed. Observation of the delivery of care provided evidence that service users' needs were being met safely by the staff on duty. In discussions during the inspection, six service users confirmed that they felt comfortable and well supported in the centre. One complaint, noted in the monitoring report for May 2016, had not been recorded appropriately.

Is care effective?

Well-presented, detailed assessments and care plans for each service user supported the delivery of effective care for those service users whose circumstances and records were examined at this inspection. The staff members who were interviewed spoke of positive and supportive working relationships within the team and with community based professionals who contribute specialist services for service users. Positive responses from service users about their experience of attending the centre contributed to the conclusion that good quality, effective care was consistently provided.

Is care compassionate?

The evidence of compassionate care being provided in the centre included the respectful and caring tones of interactions between staff members and service users and the discrete manner in which personal care and confidential matters were dealt with. The caring nature of practices that were observed was also reflected in progress records, written at least once for every five attendances of each service user. Staff members spoke highly of the warm and caring qualities of their colleagues and six service users commented very positively on their enjoyment of attending the centre and of its value to them, both socially and therapeutically. Questionnaire responses from five service users and from four staff members were unanimous in their positive views of the service in all four of the domains examined at this inspection. The evidence presented at this inspection indicated that compassionate care was provided by the MS Society day care service.

Is the service well led?

The centre has systems in place to ensure that staff are well-informed on the responsibilities of their various roles and the expected standards of practice. Staff have a well-planned programme of training and are supervised and supported within the team. Evidence from discussions with staff indicate that the manager has positive working relationships with members of the staff team and that they, in turn, have the confidence and support of their

colleagues. Service users in the centre stated that the service was well organised and suited to their needs. There was evidence of many aspects of the service being well led, including staff training, care planning, reviewing practices and outcomes, deployment of staff and management of the environment. Areas where improvement is necessary include the records of service users' meetings, the frequency of staff meetings and the management of their records, the recording of complaints and the content and signing of monthly monitoring reports.

This inspection was underpinned by The Day Care Setting 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	2	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Ann Moore, Senior Care Assistant, 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 17 July 2015.

2.0 Service details

Registered organisation/registered person: Ms Society NI/Ms Patricia Gordon	Registered manager: Ms Lesley Clews
Person in charge of the service at the time of inspection: Ann Moore, Senior Care Assistant	Date manager registered: 17 June 2009

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Record of notifications of events
- Record of complaints for the year to 31 March 2016
- Statement of Purpose
- Quality Improvement Plan from the previous inspection on 17 July 2015.

During the inspection the inspector met with:

- Three service users in a group setting
- Three service users in one to one discussions
- The senior care assistant
- Two care staff for individual discussions.

Questionnaires were left with the manager to be distributed to service users, staff and a number of relatives or carers of service users. Five completed questionnaires were returned to RQIA by service users and four by staff members.

The following records were examined during the inspection:

- File records for four service users, including care plans and risk assessments
- Progress notes for four service users
- Twelve monitoring reports for the year to 30 June 2016
- Record of complaints
- Records of three service users' meetings in March, May and August 2016
- Minutes of four staff meetings, in February and May 2015 and March and August 2016
- Training records for two staff
- A sample of written policies, including those on 'Reporting poor practice', 'Whistleblowing' and, 'Recording and reporting care practices'
- Service User Guide
- The annual report of the MS Society Day Centre for 2015, circulated to members and their relatives in March 2016.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 01 October 2015.

The most recent inspection of the establishment was an announced estates inspection. The completed QIP was returned and approved by the specialist inspector. This QIP will be validated by the specialist inspector at the next estates inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 17 July 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 21 (3) (a) Stated: First time	The registered manager must ensure all staff are in receipt of training regarding continence promotion.	Met
	Action taken as confirmed during the inspection: Training records showed that staff had participated in continence care training on 02 October 2015.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 18.1 Stated: First time	The continence promotion policy should be developed to reflect NICE guidelines and incorporate an intimate care procedure.	Met
	Action taken as confirmed during the inspection: The centre's policy on continence care had been revised to comply with this recommendation and there was evidence in service users' records to show that good practice had been developed in this area of the service.	
Recommendation 2 Ref: Standard 5.2 Stated: First time	The registered manager should ensure that identified care plans are further developed and include clear directions regarding the support and assistance to be provided by staff regarding the management of continence.	Met
	Action taken as confirmed during the inspection: Two relevant service users' records, examined during this inspection, contained detailed and specific directions with regard to continence care. The evidence confirmed good practice in this area of the service.	

Recommendation 3 Ref: Standard 4.1 Stated: First time	The registered manager should ensure a copy of the continence risk assessments for individual service users is obtained and retained on file.	Met
	Action taken as confirmed during the inspection: Contenance risk assessments were in place for service users with identified needs for continence care.	
Recommendation 4 Ref: Standard 27.3 Stated: First time	The registered manager should review the storage facilities for continence products.	Met
	Action taken as confirmed during the inspection: On a tour of the premises, the senior care assistant identified the current arrangements for the storage of continence care products, which are now kept, in their original packaging, in a closed cupboard in a room used only by staff members.	

4.3 Is care safe?

The senior care assistant confirmed the daily staffing levels for the day care centre, and stated that these levels were regularly reviewed to ensure service users' needs were met consistently. One part-time care assistant was readily available to cover other staff absences. Individual staff members verified that staffing arrangements were satisfactory and that they were confident in the practice of their colleagues. Safeguarding principles and procedures were understood by all three staff members who were interviewed and the senior care assistant stated that there were no current safeguarding concerns. Staff members confirmed their confidence in reporting any poor practice that they might witness or detect. Four completed staff questionnaires provided unanimously positive views on the provision of safe care in the centre.

Written records confirmed that staffing levels and the staff members employed met the assessed needs of those who attended the centre. In discussions during the inspection, six service users confirmed that they felt comfortable, safe and well supported at all times while in the centre and when travelling to and from it. Observation of the care practices showed that service users' needs were being met by the numbers and the capabilities of staff on duty. Review of a sample of staff training records provided evidence that staff members had participated in mandatory and other training relevant to their roles and responsibilities.

There is generous space available for activities, for movement between rooms and for therapeutic work with service users. The premises were clean, well ventilated and in good condition with no obvious hazards for service users or staff. Fire exits and corridors were clear of obstructions. Detailed risk assessments were being carried out routinely in an effort to minimize risks and to manage them consistently and there was written evidence of risks being reviewed regularly, on at least a quarterly basis. No notifiable accidents or incidents had occurred during the year prior to this inspection.

The monthly monitoring report for May 2016 identified that a complaint had been received regarding a transport matter. This complaint had not been entered in the centre's complaints record and there was no written record of how it had been dealt with. The registered person must ensure that complaints are recognised and managed in accordance with the MS Society's complaints procedure. Except for this matter, the written, oral and observational evidence from this inspection indicated that safe care was provided in the MS Society day centre.

Areas for improvement

The registered person must ensure that complaints are recognised and managed in accordance with Regulation 24 and the MS Society's complaints procedure.

Number of requirements	1	Number of recommendations	0
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4.4 Is care effective?

The MS Society has quality assurance systems in place, through which operations are monitored and staffs' practice is evaluated. There was evidence from discussions with staff to confirm that the team was supportive and well-motivated to provide effective, good quality care. A number of service user's records included inputs by other professionals, e.g. Speech and Language Therapists and Physiotherapists. These were viewed by staff as being helpful contributors to the effectiveness of the service.

Four service users' files were examined and each was found to contain detailed information on the individual and on his or her functioning. Care plans addressed identified needs accurately and in good detail and included goal plans setting out the actions required to achieve the objectives. The files were well-organised and provided clear assessments of risks, related specifically to each service user's particular needs. A record was kept of each service user's involvement and progress at the centre and progress records were in proportion to the frequency of attendance of the individual.

Three service users, individually, discussed their experiences of participating in the centre's activities and in their care programmes and presented very positive views of the care and support that they received. Similar positive comments were made by three other service users who were participating in an art group and spoke of the benefits they felt they gained from this volunteer-led activity. Service users said that the manager and staff strove to provide a variety of experiences, making full use of the available rooms and the attractive outdoor space. The premises include a physiotherapy room which is used regularly by physiotherapists, both with people attending the day centre and with other clients.

The evidence indicates that the care provided is effective in meeting each service user's assessed needs and in promoting their enjoyment and wellbeing.

Areas for improvement

No areas for improvement, with regard to effective care, were identified during the inspection.

4.5 Is care compassionate?

Service users confirmed that manager and staff make them feel welcome, offer them choices and involve them in decision making during their time in the day care setting. Service users were greeted on their arrival in the morning with tea or coffee. Throughout the period of the inspection staff were seen and heard communicating in a warm and caring manner with service users. Service users were afforded privacy and respect and were encouraged to choose the activities in which they wished to participate.

Staff demonstrated a detailed knowledge of service users' wishes, preferences and assessed needs as identified within the service users' care plans. There were systems in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them. Responses in the five service user questionnaires, returned to RQIA, affirmed strongly that compassionate care was delivered in the MS Society Day Care setting and these views were echoed in the four completed questionnaires returned by staff members. The views of service users were sought during the monthly monitoring visits and these comments were reflected in the relevant reports. Throughout the inspection, service users commented very positively on the quality of the care they received and the kindness and thoughtfulness of staff. Examples of some of the comments made by service users are listed below. Each of the comments was made by one of the three service users who met individually with the inspector.

"The people here are so helpful and caring and the manager is excellent."

"I come here two days a week and I always look forward to it. It is just nice to have company."

"Coming here is such a comfort to me, I just don't know what I'd do without it."

Evidence from discussions with service users and from written records confirmed that activities in the centre are motivating and enjoyable. Service users are encouraged to contribute to the selection of activities, which include word games, quizzes, crafts, armchair exercises and outings.

Areas for improvement

No areas for improvement, with regard to compassionate care, were identified during this inspection.

4.6 Is the service well led?

The certificate of registration issued by RQIA was displayed in a prominent position in the day care setting. There were policies and procedures in place to guide and inform staff in fulfilling their roles and responsibilities and these were readily available to them. The statement of purpose includes management information setting out the leadership and decision making structure regarding the day centre. There was written evidence in the staffing records to show that staff members were appropriately qualified for their designated roles. Staff members stated that the manager was readily available for consultation and guidance within the day care setting on most days and that each staff member was clear in their role and responsibilities. Staff reported that the manager has positive working relationships with members of the staff team and that they, in turn, have the confidence and support of their colleagues.

A system is in place for the identification of staffs’ training needs and for meeting these. Records of staffs’ training were up to date and the staff member, who is required to take charge of the centre in the manager’s absence, had undertaken a competence assessment for this role. Systems were in place for the provision of staff supervision and support and staff, who were interviewed, confirmed that supervision was a positive factor in their competence development. There were also positive reports from staff of the encouragement they received to further their qualifications. Records showed that staff meetings had been held in February and May 2015, and in March and August 2016. This does not meet the minimum standard expectation of, “at least quarterly” staff meetings and a recommendation is made in this regard.

A copy of the annual quality report for 2015 was available for inspection and had been made available to stakeholders in March 2016. Service users’ records and other confidential materials were stored safely and securely in line with data protection procedures. Service users in the centre stated that the service was well organised and suited to their needs. Monthly monitoring arrangements were in place to assure the provider organisation of the quality of care delivered to service users and the effectiveness of the service overall. While the frequency of monitoring visits was in compliance with Regulation 28 of The Day Care Setting Regulations (NI) 2007, most monitoring reports, in the past twelve months, had not been signed by the monitoring officer and this should be done. It is also required that the content of some monitoring reports should be expanded to include feedback from representatives of service users. This was not evident in any of the twelve reports for the year prior to this inspection.

There was evidence of many aspects of the service being well led, including staff training, care planning, reviewing practices and outcomes, deployment of staff and management of the environment. Areas where improvement is necessary are outlined below.

Areas for improvement

Records of service users’ meetings were not suitably structured, nor did they include information such as who attended the meeting, who had made specific contributions to the discussions and what the content of those contributions were. It is recommended that minutes of service users’ meetings should be kept with improved structure and detail.

Staff meetings should take place at least quarterly, in accordance with Standard 23.8 and the records of these should comply with that standard and with good records management practice.

Monthly monitoring reports should be expanded, periodically, to include feedback from representatives of service users. Each completed report should be signed by the person who carried out the monitoring visit.

Number of requirements	1	Number of recommendations	2
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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 Ann Moore, Senior Care Assistant, 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 service. 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 Setting 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 28(4) Stated: First time To be completed by: 31 October 2016	Monitoring reports should be expanded periodically to include feedback from representatives of service users. The registered person must ensure that monitoring reports are signed and dated by the monitoring officer.
	Response by registered provider detailing the actions taken: The monitoring officer has been informed to periodically contact service users representatives for their feedback and has agreed to do so.
Requirement 2 Ref: Regulation 24 Stated: First time To be completed by: 31 October 2016	The registered person must ensure that complaints are recognised and managed in accordance with Regulation 24 and the MS Society's complaints procedure.
	Response by registered provider detailing the actions taken: The Centre Manager will ensure that all complaints will be managed in accordance of Regulation 24 and the MS Society's complaints procedure.
Recommendations	
Recommendation 1 Ref: Standard 8.2 Stated: First time To be completed by: 31 October 2016	The registered person should ensure that minutes of service users' meetings are kept with improved structure and detail, to accurately reflect the involvement of service users.
	Response by registered provider detailing the actions taken: A new system for recording the above information has now been implemented.
Recommendation 2 Ref: Standard 23.8 Stated: First time To be completed by: 31 October 2016	The registered provider should increase the frequency of staff meetings, to at least quarterly and the management of their records should be improved so that they are held safely and in order.
	Response by registered provider detailing the actions taken: Staff meeting will be held within the quarterly period and an improved recording system has been implemented.

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



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