



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
MS Society NI**

**17 July 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 17 July 2015 from 10.00 am to 16.00 hours. Overall on the day of the inspection the Day Care Setting 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
<b>Total number of requirements and recommendations made at this inspection</b>	1	4

The details of the QIP within this report were discussed with the person in charge as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> MS Society NI/Patricia Gordon	<b>Registered Manager:</b> Lesley Clews
<b>Person in Charge of the Day Care Setting at the Time of Inspection:</b> Anne Moore	<b>Date Manager Registered:</b> 1 July 2010
<b>Number of Service Users Accommodated on Day of Inspection:</b> 10	<b>Number of Registered Places:</b> 35

### 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 previous care inspection report and returned Quality Improvement Plan (QIP)
- notifiable events submitted since the previous care inspection
- submitted complaint return information
- written and verbal communication received since the previous care inspection

At the commencement of the inspection, a poster was displayed in the day centre informing service users and their representatives that an inspection was taking place and inviting them or their representatives to speak to the inspector and provide their views of the service.

During the inspection the inspector met with ten service users, one volunteer and three staff.

The following records were examined during the inspection:

- monthly monitoring reports completed from Jan - May 2015
- staff meetings
- staff duty rotas
- staff training records
- selected policies and procedures
- four care records
- accident and incident records
- record of complaints and investigations.

### The Inspection

#### 4.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection dated 4 September 2014. The completed QIP was returned and approved by the care inspector.

## 4.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 7.1	The registered manager should confirm that training on Human Rights has been provided to the staff team.	Met
	<b>Action taken as confirmed during the inspection:</b> Training records examined found that the staff team had received training on Human Rights on 28 November 2014. The content of the training showed the programme was comprehensive.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 25.1	It was noted that the walls in one of the disabled washrooms was badly marked. It is recommended that this receives attention.	Met
	<b>Action taken as confirmed during the inspection:</b> There was evidence that the bathroom had been re-decorated and no issues were identified on this inspection.	

## 4.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

### Is Care Safe?

A continence care policy was in place however required further development to fully reflect NICE guidance on this subject matter. In accordance with evidence based practice, guidance on staff providing intimate care to service users should also be included in either the continence care policy or in separate guidance. A recommendation is made.

Observation, review of staffing levels and service users positive feed-back informed us there were sufficient numbers of staff employed in the day care setting to meet the identified needs of those who attend.

A range of mandatory training is provided by the organisation that included moving and handling training and there was evidence that staff were up to date with all required training. Discussion with staff highlighted they were in need of continence promotion training.

Records examined confirmed that staff are in receipt of annual appraisals and regular formal supervision, staff reported that care plans and the support individual service users require is a topic that features in their supervision.

During the periods of observations staff were observed to be confident in carrying out their duties and they demonstrated a good understanding of individuals assessed needs.

Service users reported that they felt safe in the day centre and were confident that staff had the skills and experience to assist them with their assessed needs.

On this occasion there was evidence to confirm that generally continence care and promotion was safe.

### **Is Care Effective?**

Discussion with the senior care assistant and two care staff confirmed that the many of the service users who attend the centre require support with their continence needs. A small number wear continence protection and require no assistance or support.

Staff consulted confirmed that until recently the organisation had provided continence protection for those service users with continence needs. Information was provided to indicate that the registered manager was in the process of notifying all services users of their responsibility to supply their own products. This was also confirmed by a service user who met with the inspector to discuss their continence care needs.

Four service users care records were examined during this inspection. A care plan for each service user was in place and indicated the general support required, it was recommended the care plans should be further developed to ensure there is clear directions for staff regarding the specific assistance and support each service user requires. Individual service users had a moving and handling assessment completed and the assessment identified the equipment required to support the service user. Risks were highlighted and the management of these risks recorded. A copy of individual service user's continence promotion assessment should be obtained and maintained on file. It was good to note that the service user preference regarding staff gender was recorded in their care plan.

During the tour of the environment it was noted there was a number of bathrooms to meet the needs of the service users. Appropriate equipment was available and staff and service users reported the equipment provided to meet their needs was satisfactory. The organisation had recently installed an overhead hoist and staff confirmed they were in receipt of appropriate training on how to use the equipment. In discussion with staff it was evident they understood the principles of using a hoist, the potential risks, how to use specific equipment and how to implement individual service users' moving and handling assessments. Adequate supplies of aprons and gloves were observed and staff confirmed there is always a sufficient supply of personal protection equipment available to them. Hand washing dispensers were available throughout the centre.

The storage facilities for continence products were examined; it was noted products are stored in the main activity room and some continence products were stored out of their packages in the bathrooms. Advice and guidance was provided by the inspector regarding the storage of continence products. Continence products must be stored in accordance with the product guidance. It is recommended that the registered manager reviews the current storage of continence products.

### **Is Care Compassionate?**

Staff interaction with service users was observed throughout the inspection period and presented evidence of a high level of compassionate care being delivered.

Staff consulted discussed the importance of meeting service users continence care in a respectful, dignified manner. During periods of observation we noted that continence care was undertaken in a discreet private way and staff were respectful in their interactions with service users.

The ten service users consulted were very complimentary about the care and support they received when attending the day care service. They felt their personal care needs were met in a discreet way and felt staff were trained for their roles. Comments made on the day of inspection were as follows:

- “staff are very caring and very kind”
- “lovely staff, they all know my needs”
- “I feel staff know how to care for me and understand my good and bad days”
- “feel safe and content”
- “you are always treated respectfully, I could not say a bad word about any of the staff here”

There were no issues raised during the inspection process.

### Areas for Improvement

The following areas were identified for further development:

- The continence promotion policy should be developed to reflect NICE guidelines and incorporate an intimate care procedure.
- The care plans for the four identified service users with continence care needs should be further developed to ensure there are clear directions for staff in regard to the support and assistance to be provided regarding the management of continence.
- A copy of the continence risk assessment for individual service users should be obtained and retained on file.
- Training must be provided for the staff team on continence promotion.
- The current storage of continence products should be reviewed.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>4</b>
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#### 4.4 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 organisation has a range of policies to promote service user involvement in the centre. These included “Involvement of Service Users Using the Day Centre”, “Communication with Carers and Representatives”, “Open Door Policy”, “Service User Meeting and Forums”, “Planning and Reviewing Programmes and Activities”, “Complaints”, “Care Planning” and “Reviews”. All policies showed the dates of review and were relevant and up to date. Each policy sets out the principles for involving service users to ensure they have an active role in the service delivery.

A complaint procedure was available and appropriate records maintained of any complaint or expression of dis-satisfaction received. Staff consulted were fully familiar with the action to take in the event of a service user expressing dis-satisfaction with any element of service provision.

Service users were aware that if they had any concerns or issues they could approach any of the staff or the registered manager and they confirmed they would feel comfortable speaking to them about any issues or concerns they may have.

Relevant policies regarding the protection of vulnerable adults from abuse and whistle blowing were in place and records indicated that staff training on the subject was up to date.

Care plans examined provided evidence that service users are encouraged to be involved in the planning of their care and actively participate in their annual care reviews.

Service users consulted confirmed their views were listened to and they were encouraged and supported to provide their views on the day to day running of the service. They felt there was sufficient staff to meet their needs and that staff were familiar with the effects of Multiple Sclerosis.

Staff reported that they were supported by management and that the training provided by the organisation enabled them to carry out their roles efficiently and effectively.

The findings of this inspection provided evidence that service user's views and comments shape the quality of service provided in this day care setting.

The examination of this standard indicated that the care delivered in this centre was safe.

### **Is Care Effective**

The day centre has a range of methods and processes where service and their representatives' views are sought. These include daily group discussions, monthly monitoring visits, care reviews, surveys and questionnaires.

It was evident that management and staff actively seek the views of service users on a range of topics. Staff reported that they had found that service users did not participate in organised service users meetings and the format was changed to group discussions held on different days so all service users had an opportunity to participate. It was reported this format was less formal and everyone actively participated and discussed a range of topics effecting day care.

Service users stated they were consulted and involved in the range of issues that affect them and had completed surveys and provided their views on activities, menu, social outings and transport. The returned responses had been analysed and showed a high level of satisfaction with all areas.

Examination of four care records provided evidence that service users and their representatives are encouraged to participate in decisions about the care and support they receive in the day centre. The records viewed and discussions with service users demonstrated that service users are encouraged to maintain their independence and exercise control and choice when they are in the day centre.

The annual quality review report for 2014 was provided for examination and reported on a range of subjects in keeping with regulations.

During periods of observations service users were observed taking part in crosswords and general discussions. Service users had recently participated in planning and painting a wall mural in the dining room. Several service users spoke about the enjoyment they got from this activity and were pleased with the finished product. Throughout the day service users were observed chatting with each other and staff and there was a relaxed atmosphere. It was evident a good rapport had been established between the service users and staff.

### **Is Care Compassionate?**

The discussions held with service users provided evidence that staff support them to ensure they get the most from their attendance at the day care centre.

Observations of group interactions during the inspection confirmed that service users were very supportive of one another and identified strongly with the centre, its ethos and the staff team.

Staff were observed communicating effectively with service users using a range of communication such as verbal or communication aids. One service showed the inspector their communication book and how this ensured relevant information was exchanged with her family.

There was evidence that during the monthly unannounced monitoring visits service users views and opinions were sought and included in the report. Service users who spoke with the inspector confirmed that they felt well supported by staff in the day centre, comments provided regarding the staff team were very positive. Service users expressed that:

- “The staff are really good”
- “This is a great place”
- “I enjoy meeting people who understand my condition”
- I like coming here as I get a break from the family and they get a break from me”
- “Like everything here”
- “Staff know how to help me”

Staff consulted were knowledgeable about the arrangements for involving service users in both the development of their care plans and in the running of the service. There were no issues raised by staff who were enthusiastic in regard to their work and it was obvious from observations that they had a good rapport with each other and service users.

On the day of inspection the inspector had the opportunity to speak with a volunteer who had been volunteering with the organisation for some years. This volunteer spoke highly of the present manager and staff team and no issues were raised.

Five questionnaires were distributed to staff and returned in time for inclusion in this report. Responses in the returned questionnaires indicated that overall staff were very satisfied or satisfied with all aspects of the service.

<b>Number of Requirements:</b>		<b>Number of Recommendations:</b>	<b>0</b>
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## **4.5 Additional Areas Examined**

### **4.5.1 Complaints**

The organisation submitted the required complaint annual return to RQIA regarding complaints received. The submitted information indicated that no complaints had been received for the period 01 April 2014-31 March 2015 and this was confirmed during the examination of the complaint records maintained in the centre.

### **4.5.2 Monitoring Reports**

The monitoring arrangements and reports for the period April 2015 - June 2015 were examined. The reports provided evidence that the monitoring officer had used the views of service users and staff to form a view regarding the quality of care.

## **5. Quality Improvement Plan**

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Anne Moore senior care assistant 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.

## **5.1 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.

## **5.2 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.

### 5.3 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](mailto: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 service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 21 (3) (a)  <b>Stated:</b> First time  <b>To be Completed by:</b> 30 September 2015	<p>The registered manager must ensure all staff are in receipt of training regarding continence promotion.</p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>            Continence training will be delivered to all care staff on the 2<sup>nd</sup> October 2015.</p>
<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 18.1  <b>Stated:</b> First time  <b>To be Completed by:</b> 30 September 2015	<p>The continence promotion policy should be developed to reflect NICE guidelines and incorporate an intimate care procedure.</p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>            The continence policy has now been changed to reflect the required recommendations.</p>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 5.2  <b>Stated:</b> First time  <b>To be Completed by:</b> 30 September 2015	<p>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.</p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>            Identified care plans have been changed to reflect the support and assistance care staff should provide to each service user who requires assistance with personal care.</p>
<b>Recommendation 3</b>  <b>Ref:</b> Standard 4.1  <b>Stated:</b> First time  <b>To be Completed by:</b> 30 September 2015	<p>The registered manager should ensure a copy of the continence risk assessments for individual service users is obtained and retained on file.</p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>            Service users will be asked to provide this information. Initial requests for this information so far have been unsuccessful given the length of time of initial assessments. I</p>

<b>Recommendation 4</b>  <b>Ref:</b> Standard 27.3  <b>Stated:</b> First time  <b>To be Completed by:</b>  30 September 2015	The registered manager should review the storage facilities for continence products.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> The storage of the continence products has been changed as per the RQIA recommendation.		
<b>Registered Manager Completing QIP</b>	Mrs Lesley Clews	<b>Date Completed</b>	14/08/2105
<b>Registered Person Approving QIP</b>	Patricia Gordon	<b>Date Approved</b>	17/08/2015
<b>RQIA Inspector Assessing Response</b>	Maire Marley	<b>Date Approved</b>	27/8/15

*\*Please ensure the QIP is completed in full and returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\**

Please provide any additional comments or observations you may wish to make below: