

Unannounced Care Inspection Report 26 January 2018



MS Society NI

Type of Service: Day Care Setting

**Address: The Resource Centre, 34 Annadale Avenue, Belfast, BT7
3JJ**

Tel No: 02890802802

Inspector: Suzanne Cunningham

www.rqia.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 a maximum of 35 service users that delivers a programme of day care and day time activities Monday to Friday for adults who have needs arising from physical disability.

3.0 Service details

Organisation/Registered Provider: MS Society NI Responsible Individual(s): Ms Patricia Gordon	Registered Manager: Lesley Clews-Stevenson
Person in charge at the time of inspection: Lesley Clews-Stevenson	Date manager registered: 17 June 2009
Number of registered places: 35 - DCS-PH	

4.0 Inspection summary

An unannounced inspection took place on 26 January 2018 from 10.45 to 16.00.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff knowledge; safe care; risk management; the day care setting environment; providing care, in the right place, in the right time; activities; the ethos of the day care setting; listening to service users; governance arrangements; and maintaining good working relationships.

Areas for improvement

Areas requiring improvement were identified in relation to the regulation 28 monitoring visits and the annual review of the day care setting.

Service users said: “when I come here I forget what’s going on outside, I look forward to coming, cheers me up”; “lovely place, very relaxed”; “lovely atmosphere, we get to know everyone”; “everyone is made to feel welcome”.

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users’ experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	0

Details of the Quality Improvement Plan (QIP) were discussed with Lesley Clews-Stevenson, registered manager, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 5 September 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 05 September 2016.

5.0 How we inspect

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

- the registration details of the day centre
- information and correspondence received from the registered manager and MS Society
- incident notifications which revealed no incidents had been notified to RQIA since the last care inspection in September 2016
- unannounced care inspection report 05 September 2016

During the inspection the inspector met with:

- the registered manager
- eight service users
- two care staff

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. Seven were returned by staff; one by a visiting professional; and eight were returned by service users and relatives.

The following records were examined during the inspection:

- One individual staff competency record.
- Three service users' individual care files.
- A sample of service users' daily records.
- The complaints/issue of dissatisfaction record from April 2016 to January 2018.
- A sample of incidents and accidents records from September 2016 to January 2018.
- The staff rota arrangements during November, December 2017 and January 2018.
- The minutes of service user meetings held in June; August; September; October, and December 2017.
- Staff supervision dates for 2017.
- Monthly monitoring reports from June to December 2017.
- The staff training information for 2017.
- The settings statement of purpose and service user guide.

Four areas for improvement identified at the last care inspection were reviewed and assessment of compliance was recorded in four areas of improvement 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 5 September 2016

The most recent inspection of the establishment 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 05 September 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 28(4) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Inspector confirmed the monitoring reports were available, were up to date and feedback from representatives had been improved at the time of inspection.	
Area for improvement 2 Ref: Regulation 24 Stated: First time	The registered person must ensure that complaints are recognised and managed in accordance with Regulation 24 and the MS Society's complaints procedure.	Met
	Action taken as confirmed during the inspection: Inspector confirmed the complaints record was available, was up to date and had been improved at the time of inspection.	

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 8.2 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The minutes of service users meetings were available, were up to date and had been improved in this regard at the time of inspection.	
Area for improvement 2 Ref: Standard 23.8 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The staff meeting minutes were available and up to date at the time of inspection. This showed the frequency of the staff meetings had been improved.	

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 settings daily staff arrangements and records were inspected for November, December 2017 and January 2018. This provided evidence that on average the manager, at least two care staff and a bus driver were on duty daily in the day care setting at any one time to provide day care for eight to 14 service users. The record had been updated regarding staff absences and when the manager was absent the rota showed who was in charge of the day care setting.

A competency and capability assessment had been completed for one staff member who had acted up in the manager's absence and the record was inspected. This identified the staff who may be in charge was willing to undertake management tasks, had the right knowledge and understood how to fulfil their role and responsibility in the absence of the manager.

Observation of service users' needs and activity levels showed they were varied in this setting, some service users were observed moving around the setting independently and communicating confidently, some service users were less active and needed more staff support to get involved and be involved in activities. Observation of these arrangements showed staff were promoting and encouraging service users to be involved and act independently when it was safe. The activities available for service users were aiming to promote cognitive skills as well as focussing on developing social skills.

The settings training record demonstrated that staff had received mandatory training and training relevant to their role and responsibilities. Examples of training staff received in 2017 were safeguarding/ vulnerable adult training; infection prevention and control; manual handling service users; first aid; challenging behaviour; fire safety and fire warden training; COSHH; and epilepsy training which assured staff knew how to keep service users safe in these areas.

The examination of the settings incidents and accidents revealed there was only one accident that had been notified to RQIA since the last inspection. The incident accident records recorded since the last inspection were sampled and this revealed service users safety needs had been identified and managed to ensure practice was safe and effective. In some examples staff identified the likelihood of reoccurrence was high so they had put plans in place in partnership with the service user, to reduce risk of reoccurrence. The plan was reviewed and showed the actions taken were the least restrictive option available to prevent the risks being recreated.

The service users' access and exit to the day care setting was not restricted. Two service users were observed in wheelchairs that had lap belts, staff were noted to be observant of service users comfort and supported service users to ensure they were not physically restricted or excluded from the day care activities. Support provided to the service users was consistent with each service users' needs and plan. The observations of the environment and inspection of records concluded the environment presented as clean and tidy, furniture, aids and appliances presented as fit for purpose. Fire safety precautions were inspected and it was noted fire exits were unobstructed, that the fire drill had been last carried out in November 2017. The fire risk assessment was completed in January 2018 and the action plan will be addressed post inspection.

Overall the records and observations of staff showed the care and support delivered by staff was preventing harm to service users and the care delivered was intended to help them.

The service users were asked if they felt safe in MS Society, the feedback from service users was this was a safe place for them, they said they felt: "amongst friends", they stated "anything you need you can ask staff for"; "staff help us"; "staff are always around to ask"; "staff know what we need".

Staff were asked is care safe in this setting, they said care was safe because checks are done on equipment they use, staff were registered with NISCC, they received training to assist them to do their job safely and risk assessments were completed to minimise risks. Staff discussed they really got to know each individual service user and their needs; they spent time observing, getting to know their behaviours and care plans. However, they also recognised that service users' needs and mood can change, staff described they needed to be adaptable, record changes and use the review to change the plan if necessary.

Eight service users and relatives returned questionnaires to RQIA post inspection. Seven identified they were “very satisfied” regarding the questions “is care safe” in this setting and one identified they were very unsatisfied. By this they meant there were enough staff to help them, they felt protected and free from harm, they could talk to staff if they had concerns, and the environment was safe and clean. The respondent who was unsatisfied did not leave any reason for their dissatisfaction or contact details therefore the manager has been informed to enable her to assure all service users do feel safe in the setting.

Five staff or professionals identified they were “very satisfied”, one identified they were “satisfied” regarding the questions “is care safe” in this setting. By this they meant service users were safe and protected from harm; staff were employed in sufficient number to meet the needs of the service users; staff had been inducted and had received all mandatory training; staff had received safeguarding training and all staff were aware of their responsibility to report any concerning or unsafe practice.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff knowledge in regard to safe care, risk management and the day care setting 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 centre’s Statement of Purpose contained information required by Regulations and Standards, and the content was consistent with the settings registration with RQIA. The settings Service User guide was also available at the time of inspection and the content summarised the statement of purpose and informed service users about what they can expect in the day care setting.

Three service users’ care files were inspected; they contained the service user’s individual assessments and care plans which reflected their physical, social and emotional needs. A ‘quick grab file’ was kept by staff in the office near the activity space, this contained the most up to date care plans in it and if it was needed for reference it was easily accessible.

Discussion with the manager revealed records were stored safely and securely in the day care setting, in line with data protection. Discussion with staff confirmed they had used individual service users care plans to guide their practice, they understood the importance of keeping records current and relevant and they mapped changes in behaviour and ability in the records to ensure the care plan was achieving the best outcomes for each individual. Overall the inspection found the settings management of service user records was assisting staff to recognise service users’ needs and respond to them effectively.

Service users spoken to during the inspection discussed they had taken part in a number of activities and on the day of the inspection they were enjoying a film morning including snacks and games. Other activities they discussed were exercising, relaxation, massage, outings, and creative activities. Service users also said the physio therapist comes to the service to help them, they do Pilates and reflexology.

Service users reported that they knew staff well in the setting, and staff knew them well individually. They said staff had asked them what they needed, staff took time to get to know them and there was always staff around if they wanted to talk to them. Finally service users said staff knew how to make them feel comfortable, they were assured the staff knew the content of their care plan and encouraged them to read their care plan.

Discussion with staff revealed they felt the care provided was effective because they were observant and responded to what service users want by asking them, identifying what they need by observation and discussion; and use other professional assessments. Staff confirmed they use policies and procedures, staff training, professional guidance and staff discussion to guide their work. Overall staff described their communication and procedures had ensured they provided safe and effective care. They knew what each service user needed and how best to meet their needs.

Eight service users returned questionnaires to RQIA post inspection. Seven were “very satisfied” and one was unsatisfied regarding questions “is care effective” in this setting. By this they meant they had got the right care, at the right time in the right place; staff knew their care needs, they were aware of their care plan and the care met their expectations. The respondent who was unsatisfied did not leave any reason for their dissatisfaction or contact details therefore the manager has been informed to assure all service users do feel care is effective in the setting.

Six staff or professionals identified they were “very satisfied”, regarding the questions “is care effective” in this setting. By this they meant service users were satisfied that care delivered to service users was effective, all services users had been assessed and were in the right place for their needs to be met; staff were kept informed of changes to service users care plans; referrals/treatment to/from other agencies and professionals were dealt with promptly and the service had good working relationships with other professionals/agencies

Areas of good practice

There were examples of good practice found throughout the inspection in relation to providing care, in the right place, in the right time and activities.

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 activities and communication found examples of service users being treated with dignity and respect by staff during the inspection. Staff were observed promoting service users independence and preferences regarding activities, comfort and self-care. On the day of the inspection the service users spoke about activities they enjoyed and how staff involved them in the planning of activities. An example was service user meetings which were held on different days so all service users could be involved in them. They described they decide what to do together to make sure everyone is happy. They said “we get involved”; “we enjoy it here”; “it’s fun, we laugh together”. The service users said they would speak to staff if they were not happy in the setting and described them (staff and service users) as a happy team. This discussion with service users provided examples of service users being fully involved.

The service user meetings record was inspected for June, August, September, October and December 2017. The minutes detailed when the meeting was held, who was involved, what input the service users had, their comments, views, suggestions and actions to be taken forward. The service user annual questionnaire had been distributed to service users and an evaluation report had been written detailing the outcome of the consultation.

Staff were asked if they felt care was compassionate in this setting, they detailed service users were involved in the setting activities, had taken part in a survey regarding the day care transport and encouraged to be involved in MS Society recruitment when a service user sits on the interview panel.

The inspection of this domain confirmed the staff were actively promoting effective communication between service users and staff to ensure service users were involved in their care in the day care setting.

Eight service users returned questionnaires to RQIA post inspection. Seven identified they were “very satisfied” and one identified they were unsatisfied regarding questions on “is care compassionate “in this setting. They identified they were treated with kindness, respected and their dignity was maintained, staff informed them about their care and supported them to make decisions about their care. The respondent who was unsatisfied did not leave any reason for their dissatisfaction or contact details therefore the manager has been informed to assure all service users do feel care is compassionate in the setting.

Six staff or professionals identified they were “very satisfied” or “satisfied”, regarding the questions are all service users are treated with “compassion”, by this they meant all staff treated services users with kindness, dignity and respect; all staff engaged with service users with warmth and consideration; care was delivered in a person centred individual manner and not routinely; staff communicated with service users about their care and treatment in a manner which was understood; and there was a culture of reporting any concerning practice and confidence that these concerns would be dealt with.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the ethos of the day care setting and listening to 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 registration certificate was up to date and displayed appropriately. Staff confirmed they had access to a range of policies and procedures in place that they use to guide and inform their practice.

Supervision records detailed the staff had received recorded individual, formal supervision at least every three months.

The complaints record was inspected and this showed one complaint had been recorded from 01 April 2016 to January 2018.

Inspection of staff meeting minutes revealed they were held monthly with minutes and attendance recorded. The content recorded discussions about day care being delivered and the team's views about how this should be done.

Audits of practice had completed by the manager regarding complaints; accidents and incidents, care records and training. MS Society also deployed staff outside of the day care setting to undertake audits for example on the environment. The audit records did not reveal any concerns regarding the environment or practice that had not been improved.

The Regulation 28 monthly quality monitoring visits had been undertaken monthly by the independent monitoring officer. The reports showed the visits included unannounced visits and qualitatively reflected service users, relatives and staff views and opinions which was an improvement since the last inspection. However, the reports did not clearly comment on the conduct of the setting and an improvement is made in this regard.

There was no annual report written for 2017. A report was produced that summarised the service user's views but the content did not describe matters detailed in Schedule 3 of The Day Care Settings Regulations. A report should be forwarded to RQIA that describes the day care settings conduct in respect of the matters described in Schedule 3 and consider could the setting improve the care and support they were providing. An improvement is detailed in the QIP in this regard.

The service users said they could speak to the manager and staff about what they want or need at any time and they are always around.

The staff were asked what their opinion was regarding effective leadership in the setting, they described they work well together, they have a handover meeting each morning, and the staff learn from each other. They described they receive supervision quarterly and use this as a chance to reflect on what they have done. Finally they discussed they were confident in reporting concerns to the manager and could approach the manager at any time. Overall the staff confirmed this was a supportive environment to work in and the manager was approachable.

Eight service users returned questionnaires to RQIA post inspection. Seven identified they were “very satisfied” and one identified they were very unsatisfied regarding questions on “is care well led” in this setting. They identified they knew who was in charge of the setting at any time, the service was well managed, their views were sought about their care and quality of service and they knew how to make a complaint.

Six staff or professionals identified they were “very satisfied” or “satisfied”, regarding the questions is the service “managed and well led”. By this they meant there was a culture of staff empowerment and involvement in the running of the service; there was a culture of learning and upskilling; there was a culture of continuous quality improvement and all staff were encouraged to bring forward new ideas and innovations; managers/leaders were approachable and open to whistleblowing or raising concerns. One respondent wrote: “In the past year I have visited the centre regularly (every few weeks) regarding one service user. I have provided a high tech communication aid that has required a lot of time and support from staff. They were keen to support the use of the device and have kept me fully informed of any concerns or further support/advice required”.

Areas of good practice

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

Areas for improvement

Two areas for improvement were identified during the inspection regarding the regulation 28 monitoring visits and the annual review of the day care setting.

	Regulations	Standards
Total number of areas for improvement	2	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lesley Clews-Stevenson, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 setting. 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 28 (4) (c) Stated: First time To be completed by: 23 March 2018	The registered person shall improve the Regulation 28 monthly quality monitoring visits to include commentary on the conduct of the setting. Ref: 6.7 Response by registered person detailing the actions taken: The Day Centre Manager has discussed the monthly monitoring report with the monitoring person and more commentary will be included into the monthly monitoring report.
Area for improvement 2 Ref: Regulation 17 (1) & Schedule 3 Stated: First time To be completed by: 23 March 2018	The registered person shall ensure the annual report written is for 2017. The content of the report should describe the day care settings conduct in respect of the matters described in Schedule 3 and detail how the setting could improve the care and support they provide. This report should be submitted with the completed QIP. Ref: 6.7 Response by registered person detailing the actions taken: The Day centre Manager has completed the annual report and has attached a copy for the RQIA inspection

Please ensure this document is completed in full and returned via Web Portal



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