

# Unannounced Care Inspection Report 29 November 2018



## MS Society NI

**Type of Service: Day Care Service**

**Address: The Resource Centre, 34 Annadale Avenue, Belfast,  
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**Tel No: 02890802802**

**Inspector: Suzanne Cunningham**

[www.rqia.org.uk](http://www.rqia.org.uk)

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 that provides support and care for up to 35 service users daily. A programme of day care and day time activities is delivered Monday to Friday for adults who have needs arising from a physical disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> MS Society NI  <b>Responsible Individual(s):</b> Mr David Galloway	<b>Registered Manager:</b> Lesley Clews-Stevenson
<b>Person in charge at the time of inspection:</b> Lesley Clews-Stevenson	<b>Date manager registered:</b> 17 June 2009
<b>Number of registered places:</b> 35	

### 4.0 Inspection summary

An unannounced inspection took place on 29 November 2018 from 10.00 to 15.45.

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 and competency; risk management; the day care setting environment; providing the right care; in the right place, at the right time; activities; the ethos of the day care setting, listening to and involving service users; the managers governance arrangements; and maintaining good working relationships.

One area requiring improvement was identified in relation to monitoring of the setting.

Service users and their relatives were asked to say what they thought about the care delivered in MS Society, they said: "Happy with the care and support (service user) receives while at the centre and (service user) enjoys attending two days per week"; "the care and attention we receive in the centre is very good"; "I am happy with my care and have no complaints"; "I am very satisfied with my care, there is nothing more I could ask for"; "staff are great"; "everybody is brilliant, nothing is too much trouble".

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
<b>Total number of areas for improvement</b>	1	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 26 January 2018**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 26 January 2018.

#### **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 by RQIA since the last inspection
- incident notifications which highlighted that two incidents had been notified to RQIA since the last care inspection
- unannounced care inspection report and quality improvement plan from 26 January 2018

During the inspection the inspector met with the manager, and two members of staff. The inspector greeted and made introductions to all of the services users in the group setting. Detailed discussions were had with five service users.

The following records were examined during the inspection:

- One staff personnel record.
- Three service users' care records.
- A sample of service users' daily records.
- Staff roster information for October to November 2018.
- The day centre's incidents and accidents recorded since the last inspection.
- Fire safety precautions.
- A sample of minutes of service users' meetings from April, July and October 2018.
- The annual report in relation to consultation with service users.
- The day centre's complaints/compliments record from April 2017 to November 2018.
- A sample of minutes of staff meeting's from September, October and November 2018.
- A sample of monthly quality monitoring reports from April to October 2018.
- The Statement of Purpose updated in 2018.

At the request of the inspector, the manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; five complete responses were received.

Ten service user and/or relatives' questionnaires were provided for distribution; eight questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the day centre to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received.

An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

The inspector would like to thank the manager, service users, relatives and staff for their involvement and contribution to the inspection process.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met in one area for improvement and partially met in one area for improvement.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 26 January 2018

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 26 January 2018

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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 28 (4) (c) <b>Stated:</b> First time	The registered person shall improve the Regulation 28 monthly quality monitoring visits to include commentary on the conduct of the setting.  Ref: 6.7	<b>Partially met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Inspector confirmed the monthly monitoring had been completed since the last inspection however the record of the visit did not include commentary on the conduct of the day care setting. This is stated for a second time in the QIP for this inspection.</p>	
<p><b>Area for improvement 2</b>  <b>Ref:</b> Regulation 17 (1) &amp; Schedule 3  <b>Stated:</b> First time</p>	<p>The registered person shall ensure the annual report is written 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.</p> <p>Ref: 6.7</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Inspector confirmed this had been completed for 2017 and at the time of the inspection the management team was gathering evidence for the 2018 report.</p>	

### 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 October and November 2018. This provided evidence that the management role and responsibility was provided by the registered manager or in her absence, this was provided by the senior care worker. The record had been updated when staff absences occurred. On average the rota showed six staff were on duty daily including the manager, care staff and the driver. Observation on the day of the inspection showed within this staffing ratio service users' needs were being met, activities were being delivered and service users were being supported when needed.

The records for one staff member, who recently commenced in the setting were inspected, this included the recruitment process and staff induction. The records showed the recruitment process was consistent with the standard and included checks and references that provided evidence that the staff member is a suitable employee. The checks detailed that there were no concerns in relation to their past practice or employment, and they had the right experience

and qualifications required for the job. The record also showed the staff member had received a comprehensive induction to the organisation and their role in the day centre. The manager was advised they could integrate a competency based exercise into the induction to provide further assurance that the induction prepares the staff to work competently, safely and effectively.

Service users' needs were met during the inspection by staff who were observed organising and delivering activities. Staff assisted service users to move around and helped orientate service users as needed. Observation of these arrangements showed staff were promoting and encouraging service users to be independent when it was safe and activities focused on developing social skills, communication and concentration.

Discussion with the staff revealed service users were free to move around or leave the setting if they wanted to. The manager and staff described they assure service users safety by providing activities that service users want to engage in, and one to one support as needed. Staff were observed meeting service users' needs using a range of methods for example activities to focus concentration, facilitating conversation to engage service users in the social aspect of the day centre, diversion techniques if a service user became unsettled or their behaviour was escalating, and communicating compassionately and effectively with the aim of enabling service users to feel settled and safe.

Discussion with staff concluded they were aware they needed to quickly identify behaviours that indicated agitation or loss of concentration and respond in accordance with the service user's care plan; to ensure they and other service users felt safe in the setting.

The settings training record showed that staff had received mandatory training and training relevant to their role and responsibility. Examples of training staff received in 2018 were safeguarding; infection prevention and control; COSHH; First Aid; moving and handling; dementia awareness; responding to challenging behaviours; complaints management; Epilepsy; swallowing; and fire safety.

The examination of the settings incidents, accidents and notifications found two incidents that were consistent with the reportable incidents, following discussion with the manager they were forwarded to RQIA post inspection. The records of accidents and incidents did show safety issues and risks had been identified, recorded. The follow up actions provided evidence the staff were acting to prevent reoccurrence and improve safe care in this setting.

The inspection of the day care setting environment revealed care was being provided in areas that 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. The last fire drill had been carried out in June 2018 and this did not reveal any concerns regarding the evacuation. The fire risk assessment was due for review in January 2019 and the existing action plan had been addressed.

The service users were asked if they felt safe in the day care setting and they responded they did. Service users said they felt safe because they know the staff and each other well. They said staff encouraged them to talk and they get advice and information from staff to help them live safely. One service user said "we just feel safe", another said "we look out for each other". During the discussion with service users a potential safeguarding concern was discussed in relation to a situation outside of the setting. Post inspection the manager confirmed this was recorded by staff and responded to in accordance with the settings policy and procedure.

Staff were asked is care safe in this setting, they said care is safe because there is open communication between staff and service users therefore if service users have any concerns they are talked about to ensure they do not impact on service users wellbeing and outcomes. Staff said there is trust between service users and staff and the staff use empathy in communication to ensure service users feel safe to talk openly. The staff identified the environment is safe for service users for example they have the right chairs and equipment to ensure needs are met safely, they also identified there were predictable routines and plans for service users to help service users relax and enjoy the activities throughout the day. However they also explained if service users want to change the plan this is facilitated for the individual or the group if they agree. Finally staff described the assessments they complete inform safe care, particularly in relation to swallowing concerns, moving and handling and any restrictive practices; such as lap belts. The staff’s comments provided evidence they understood the assessments informed safe care however they were also reminded to be cognisant of the service user’s rights and choice for example checking a service user is not being restricted unnecessarily by a lap belt that is kept secured when they are in day care.

Five staff questionnaires to RQIA post inspection. They were “very satisfied” regarding the questions “is care safe” in this setting.

Eight service users returned questionnaires to RQIA post inspection, seven were “very satisfied” and one was “satisfied” regarding the questions “is care safe” in this setting.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff knowledge and competency, risk management and the day care setting environment.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

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. There was evidence that the records had been audited to ensure the essential information was available for staff, and had been reviewed to ensure it was current and accurate. Any areas identified for improvement were recorded for action.

The inspection of three service user’s records showed the staff had met with the service users regarding their care needs and communicated with other professionals and the referrer regarding the service users assessment and care plan. This had ensured the care plan was current and the right care was being provided, at the right time, in the right place.

Inspection revealed records were stored safely and securely in line with data protection. Staff discussion confirmed they used these records to guide their practice and updated the information if needed changed. Overall the inspection found the settings management of service user records enabled staff to recognise service users’ needs and respond to them effectively.

Discussion with service users revealed they felt care was effective in the day care setting, they confirmed they had seen their care plan, assessments and had taken part in their review. They confirmed they knew staff referred to these documents to ensure they got the right care. Finally service users identified staff had provided the right equipment and activities to ensure care was effective and promoted their independence such as special cutlery and plates, relaxation activities and yoga, bingo and quizzes which stimulated their brain and communication.

Discussion with staff revealed they felt this was an effective service, staff said they used the service users profile (assessment and care plan) to ensure they knew what each individual needed and how to meet the need. However staff also reflected service users health and abilities can fluctuate because of their diagnosis therefore they do adapt care and communicate any changes or concerns with the service user, the staff team and professionals involved in the service users care; to ensure they are providing the right care. The staff described examples of when they had adapted the care plan because the service user’s ability had reduced. They confirmed was done in partnership with the service user and their agreement was sought to make referrals to the appropriate professional who could make and assessment of ability. Overall staff described their communication approach and knowledge of procedures had ensured they provided safe and effective care. The staff confidently expressed their views and knowledge regarding safe and effective care.

Five staff questionnaires to RQIA post inspection. They were “very satisfied” regarding the questions “is care effective” in this setting.

Eight service users returned questionnaires to RQIA post inspection, six were “very satisfied” and two were “satisfied” regarding the questions “is care effective” in this setting.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to providing the right 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
<b>Total number of areas for improvement</b>	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 the observations of activities and care found examples of service users being treated with dignity and respect, staff also took care and time to promote service users independence during activities and when moving around the setting.

The service user's meetings record was inspected and provided evidence the staff and service users met on average once every three months, the meeting minutes showed service users were being encouraged to be involved in the settings delivery of care and support. The staff and service users also described they met daily to discuss the days menu and activities planned. They said the current timetable and menu had been produced with all of the service users input and preferences.

During the inspection it was observed throughout the day care space there was a number of large posters detailing information in relation to menus, activities and fire safety. These had been produced in large print to assist the service users' access to the information.

The service users' annual surveys had been distributed and the responses were being analysed at the time of the inspection. The manager gave assurance the service users views will be used to influence future planning.

The manager was asked to identify ways the organisation had involved service users in their care and support and they identified the last recruitment process for a day care worker included a service user on the interview panel. The manager described the involvement of a service user in this process was successful in terms of assisting the organisation to find the right employee and the opportunity to build the confidence of the service user. They stated this would be repeated if the opportunity arose. The organisation are commended for their innovative approach to including service users in their care in this setting.

Service users were asked if care in the setting was compassionate, fulfilled their expectations and encouraged them to be involved. Service users said "Lesley involves us, she asks us what we think", "very friendly, were one big family". They described this was somewhere that got them out of the house and where they could get involved in activities together. Overall service users described the day centre improved their confidence and social opportunities.

The inspection of this domain confirmed there were robust systems in place to promote effective communication between service users, staff and other professionals.

Five staff questionnaires to RQIA post inspection. They were "very satisfied" regarding the questions "is care compassionate" in this setting.

Eight service users returned questionnaires to RQIA post inspection, six were "very satisfied" and two were "satisfied" regarding the questions "is care compassionate" in this setting.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the ethos of the day care setting, listening to and involving service users.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 displayed was the most recent and was displayed appropriately. Staff confirmed they had access to a range of policies and procedures that they would use to guide and inform their practice.

The registered manager had been absent from the setting in 2018 for a long period of planned leave. The senior day care worker had acted up in her absence and the records did not show the absence had a significant impact on the leadership in this setting. During the inspection the staff and service users did speak highly of the manager’s positive influence and presence when she was in the day care setting and the manager confirmed she was pleased to be back.

The Statement of Purpose for the day care service was reviewed during this inspection and was found to be satisfactory. The document described the nature and range of the service to be provided and addresses all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007.

A review of governance records evidenced that staff typically received individual, formal supervision at least quarterly and an annual appraisal. Staff confirmed that there were systems in place to ensure they received support and guidance from the manager and senior management, as needed.

There was evidence that staff meetings were held on a three monthly basis as a minimum and records were maintained. The records included the date of the meeting, names of those in attendance, updates from the previous meeting, a record of discussion and any agreed actions.

Evidence of the setting promoting equality was inspected and this concluded the organisation and staff had promoted service users safety, involvement, independence through individual person centred care planning, individual risk assessments and awareness of how to meet needs taking into account each service user’s abilities.

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 and staff views and opinions; however the reports had not improved in relation to reporting on the conduct of the setting. This improvement is stated for a second time in the Quality Improvement Plan (QIP) for this inspection.

The annual report was inspected and this showed the report was completed for 2017. The data and information was in the process of being collected for 2018 and the manager was reminded this should be available for the next inspection.

Discussion with service users revealed they knew who the manager and staff were who were working in the setting and they said they would speak to them if they had any concerns about the setting or their care. One service user said “we can speak to staff if we are unhappy, they are all very approachable”.

The staff were asked what their opinion was regarding leadership in the setting, they said they work well together as a team and the manager was approachable and supportive. They described the manager will provide them with advice regarding training and direct care; she will also help out with care tasks during the day. The staff described the manager as generally having a hands on approach. Staff confirmed they would approach the manager if they had concerns about care or the day care setting and described they are encouraged to refer to the settings policies and procedures as well as the day care setting standards which also direct care. Overall discussion with the manager/staff confirmed that they had a good understanding of their role and responsibilities under the legislation.

Five staff questionnaires to RQIA post inspection. They were “very satisfied” regarding the questions “is care well led” in this setting.

Eight service users returned questionnaires to RQIA post inspection, six were “very satisfied” and two were “satisfied” regarding the questions “is care well led” in this setting.

### Areas of good practice

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

### Areas for improvement

One area for improvement was identified in relation to the monitoring of the setting.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	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

<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 28 (4) (c)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 24 January 2019</p>	<p>The registered person shall improve the Regulation 28 monthly quality monitoring visits to include commentary on the conduct of the setting.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> The registered Manager and the Northern Ireland Director have discussed Regulation 28 and all future monthly visits will include commentary on the conduct of the Day Care setting.</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**



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