



The Regulation and
Quality Improvement
Authority

Inspector: Maire Marley
Inspection ID: IN022978

Palms Day Care Centre
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**Unannounced Care Inspection
of
Palms Day Care Centre**

3 December 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 3 December 2015 from 10.00 to 16.00. 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 and 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
Total number of requirements and recommendations made at this inspection	2	3

The details of the QIP within this report were discussed with the manager Gail Woolsey as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Shankill Parish Association/Andrew Norman George Dunlop	Registered Manager: Gail Woolsey (registration pending)
Person in Charge of the Day Care Setting at the Time of Inspection: Gail Woolsey	Date Manager Registered: 8 August 2014
Number of Service Users Accommodated on Day of Inspection: 15	Number of Registered Places: 16

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

Prior to inspection the following records were analysed:

- the previous care inspection report and returned Quality Improvement Plan (QIP)
- a review of notifiable events submitted since the previous care inspection
- written and verbal communication received since the previous care inspection

During the inspection 12 service users met the inspector as a group and three also met the inspector individually and privately. The inspector also met with the manager, responsible person, three care workers, a visiting professional and a volunteer to discuss the standards being inspected.

During the inspection the following records were examined:

- the statement of purpose
- the service user guide
- records of complaints recorded from March to November 2015
- samples of three monthly monitoring reports
- selected policies and procedures relevant to Standards 5 and 8
- minutes of meetings of the service user group from April to November 2015
- file records for five service users
- staff duty rotas for November 2015
- staff training records
- staff meeting minutes

Care delivery and care practices were observed during periods throughout the inspection and a review of the general environment was undertaken.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection dated 18 March 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 19.4	<u>Care Records</u> It is recommended that the registered manager ensures staff cease to leave unrecorded spaces between the dated statements. Ref 7.4	Met
	Action taken as confirmed during the inspection: A review of five service users' care records confirmed that staff were recording appropriately with no unrecorded spaces. The manager and staff reported on the review of recording practices that had resulted in a named staff assuming responsibility for recording daily notes. Records viewed on the day were found to be satisfactory and there were no issues identified regarding recording.	
Recommendation 2 Ref: Standard 7.6	<u>Policy Development</u> It is recommended that the registered manager reviews and revises the policy entitled Accidents/Incidents to include notification to RQIA in accordance with Regulation 29 of The Day Care Setting (Northern Ireland) 2007.	Met
	Action taken as confirmed during the inspection: The policy was available for inspection and found to be up to date with the requested information included.	
Recommendation 3 Ref: Standard 9.1	<u>Complaints Records</u> It is recommended that the registered manager develops a complaints registration record template to complement the existing information retained. A record of the complainant's satisfaction with the outcome of investigation and the inclusion of a reference number for each complaint received is recommended.	Met
	Action taken as confirmed during the inspection: The complaints records were viewed. The complaint records viewed were well organised and the outcome of recent complaints had been recorded.	

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

Is Care Safe?

Palms Day Centre has a continence promotion policy dated 30 July 2015 that was available for staff. The policy gave guidance to staff involved with service users who had assessed continence needs.

Staff consulted confirmed that they were satisfied with arrangements for access to personal protective equipment, and that they possessed sufficient knowledge, skills and experience in how to assist a service user with their personal needs based on their care plan.

Observation, review of staffing levels and service users' positive feedback confirmed that sufficient numbers of staff were employed in the day care setting to meet the identified needs of service users who attend.

A range of mandatory training is provided by the organisation including moving and handling training, infection prevention and first aid training. There was evidence that staff were up to date with the moving and handling aspect of training but required refresher training in infection prevention and first aid training. A requirement is made in regard to mandatory training requirements. The manager reported that continence promotion training had been organised for the staff team on 23 December 2015.

The registered manager provided verbal confirmation that supervision sessions were provided to staff in January, April, July and October of each year. Staff consulted individually confirmed they were in receipt of regular supervision. Confirmation was also provided that staff annual appraisals had been completed.

On the day of inspection staff were observed to be confident in carrying out their duties and were able to demonstrate an understanding of individuals' assessed needs.

Service users consulted 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 continence care and promotion provided in the centre was safe.

Is Care Effective?

The organisation had recently recruited and appointed a new manager. The manager had submitted the relevant documentation to RQIA for registration. The manager had worked in the centre previously and was fully familiar with the service users, staff and the daily routines. The review of the recruitment file relating to the appointment of the manager resulted in a request for the responsible person to confirm that the appropriate pre-employment vetting had been obtained by the organisation. A requirement is made in this report.

Discussion with the manager and three day care staff confirmed that the majority of members are independent; however some service users require support or assistance with their continence needs. Where it is assessed that a service user requires support and assistance

with their continence needs information is recorded in their personal care plan. Service users whose needs require the assistance of two staff have arrangements in place for these needs to be met by staff from a domiciliary care agency.

Staff advised that service users bring in their own continence protection which are retained by service users for use when needed. An emergency supply of continence protection is retained in the centre.

The care records of five service users were reviewed during this inspection. A care plan was in place for each service user and indicated the general support required regarding continence promotion. Risks were highlighted and the management of these risks recorded. It was recommended that care plans detail the specific assistance or support each service user requires regarding their continence needs.

A review of the environment confirmed that sufficient numbers of toilet areas were available to meet the assessed needs of the members. It was observed that a sufficient supply of personal protection equipment was available to staff, and hand washing dispensers were also available throughout the centre.

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 advised of the importance of meeting members' continence care in a respectful, dignified manner.

Service users consulted privately confirmed that they were each very satisfied with the care and support they received when attending the day care service. They felt their care needs were met in a discreet way by staff trained for their roles. Comments made on the day were:

- "I have only started back to the centre as I was off ill; have nothing but good things to say about the centre; I am so pleased and thankful that I rang the radio to tell everyone what a great place this was."
- "I feel very safe and secure here."
- "Complete confidence in the staff team; they know what they are doing."

As part of the inspection process RQIA distributed three staff questionnaires which were completed and returned to this office. The responses reviewed post inspection confirmed that staff were either very satisfied or satisfied with:

- the training received by the organisation in core values
- communication methods
- continence management
- access to continence products
- personal protective equipment (PPE)
- how to assist and support members with their personal care needs

Overall there was evidence and assurance available that service users receive personal care that is safe, effective and compassionate.

Areas for Improvement

Three areas for improvement were identified regarding this theme. One concerned the responsible person confirming that appropriate pre-employment vetting had been obtained by the organisation for the new manager. A further requirement was made in relation to the need for mandatory training for all staff to be updated. A recommendation was made regarding care plans. The manager was requested to confirm that care plans detail the specific assistance or support each service user requires regarding their continence needs.

Number of Requirements:	2	Number of Recommendations:	1
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5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the day care setting.

The day centre had in place a range of policies that promote service user involvement and empowerment and these were available for inspection. Staff confirmed policies were available to them at all times. Policies examined included:

- Service User Involvement
- Involvement of Service Users
- Assessment, Care Planning and Review
- Protection of Vulnerable Adults from Abuse
- Whistleblowing
- Complaint Policy

A review of the above policies found that the Service User Involvement Policy was dated 19 November 2010 and was in need of review.

The complaint records examined revealed that a record of any complaint or expression of dissatisfaction received is maintained. The manager and staff consulted were fully familiar with the action to take in the event of a service user making a complaint. A review of the record of complaints indicated that two complaints had been received for the year April 2014 - 31 October 2015. These complaints had been investigated and resolved satisfactorily.

Relevant policies regarding the protection of vulnerable adults from abuse and whistle blowing were available. Training records examined indicated that staff had received training in safeguarding vulnerable adults on 21 April 14. Good practice guidance suggests that this training is refreshed annually and this was discussed with the management team. As previously stated in this report a requirement is made regarding mandatory training.

Discussions with 20 service users, three staff, a volunteer, a visiting professional, manager and responsible person reflected how service users were involved in the running of the service. A review of the minutes of service users' meetings and discreet observations of staff interactions with service users concluded that safe care was delivered in this day centre. The following is a sample of comments made on the day by service users:

- "We are always asked what we want to do, this is a wonderful place and the staff are just brilliant."
- "I love coming here; there is a great atmosphere and the dinner is lovely."

- “Always given a choice every day.”
- “The meals are good; can’t complain about anything.”
- “I just love when it is Wednesday and I get back here again.”

Is Care Effective?

The day centre has a range of methods and processes where service users and their representatives’ views are sought.

There was evidence that management seek the views of service users informally each day and more formally in quarterly meetings.

Staff confirmed their confidence in the systems for information sharing, practice guidance, supervision and training. They detailed the arrangements that ensured service users were involved and actively participated in the decision making process.

Examination of five care records provided evidence that annual care review meetings were taking place and service users and their representatives were encouraged to take part and actively contribute to the process.

The records viewed and discussions with service users demonstrated that they are encouraged to maintain their independence and exercise control and choice when they are in the day centre.

The evidence examined on the day of inspection confirmed that the arrangements within the Palms Day Care Centre were effective and ensured that service users directed and shaped the care provided in the centre.

Is Care Compassionate?

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.

Staff interaction with service users was discreetly observed at different intervals throughout the inspection period, and it was noted that staff addressed service users in a respectful caring manner. Staff and service users are on first names terms and all consulted stated this was their preferred choice. It was evident that service users were very supportive of one another and identified strongly with the centre, its ethos and the staff team.

The monthly unannounced monitoring visits reports for the period August 2015 to November 2015 included service users’ views and opinions about the service. A discussion was held with the responsible person who undertakes the visits and advice and guidance provided regarding elements of the monitoring visits.

The organisation had completed an annual survey in August 2014 to ascertain service users’ views and opinions about the service they receive. A report should be prepared that identifies the methods used to obtain the views and opinions of service users. The report should incorporate the comments made and issues raised by service users and any actions to be taken in response to these issues. A copy of this report should be made available to service users and their representatives.

The inspector had the opportunity to consult with a professional who was visiting the centre; this professional was very satisfied with the care provided in the centre. This professional described communication as very good and expressed staff always reported relevant information in a timely manner.

As part of the inspection process RQIA distributed five service users' questionnaires to service users; one of which was returned completed to the RQIA. The responses indicated that the service user was very satisfied with the care provided; very satisfied that staff knew how to care for them and very satisfied that that they were safe and secure in the centre.

All of the service users consulted on the day confirmed that they always felt safe and well cared for in the centre.

Areas for Improvement

There were two areas identified for improvement during the review of this assessment. These related to the review of a service user involvement policy and the development of a report that identifies the methods used to obtain the views and opinions of service users. A copy of this report should be made available to service users and their representatives.

Number of Requirements:	0	Number of Recommendations:	2
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Gail Woolsey, manager, 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.

6.1 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.

6.2 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.

6.3 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 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.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 Ref: Regulation 10 (2) (c) Stated: First time To be Completed by: 31 December 2015	<p>The responsible person must confirm that the appropriate pre-employment vetting has been obtained by the organisation in regards to the manager.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Relevant paperwork compiled and completed and forwarded to RQIA team. Access NI certificate, references etc received on file. Manager can now work on Centre floor.</p>
Requirement 2 Ref: Regulation 20 (10) (c) Stated: First time To be Completed by: 31 January 2016	<p>The registered manager must ensure that all mandatory training is kept up to date.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Contenance Awareness & Vulnerable Adults update was carried out on the 23rd December 2015 All staff have had first aid training, certificates have now been added to the training file & records updated. Infection prevention has been scheduled for February 2016</p>
Recommendations	
Recommendation 1 Ref: Standard 5.2 Stated: First time To be Completed by: 31 January 2016	<p>The manager should ensure care plans detail the specific assistance or support each service user requires regarding their continence needs.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Relevant Care plans have been updated to include more specific details on the assistance required for continence care</p>
Recommendation 2 Ref: Standard 8.5 Stated: First time To be Completed by: 31 January 2016	<p>The responsible person should ensure a report is prepared that identifies the methods used to obtain the views and opinions of service users. The report should incorporate the comments made and issues raised by service users and any actions to be taken in response to these issues. A copy of this report should be made available to service users and their representatives.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: An annual evaluation of service users experience, in the form of a survey, had been carried out in August 2015 - A report has been prepared, summarising the outcomes, the comments made, and any issues raised by service users, or their representative. A copy of this report is available in the centre, and is displayed on the notice board.</p>

Recommendation 3 Ref: Standard 18.5 Stated: First time To be Completed by: 31 January 2016	The manager should confirm that the Service User Involvement Policy has been reviewed.		
	Response by Registered Person(s) Detailing the Actions Taken: The service user involvement policy has been reviewed and updated		
Registered Manager Completing QIP	Gail Woolsey	Date Completed	22/01/2016
Registered Person Approving QIP	Andrew Dunlop	Date Approved	04/02/2016
RQIA Inspector Assessing Response	Maire Marley	Date Approved	22/02/2016

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