

Unannounced Care Inspection Report 13 October 2016



Palms Day Care Centre

Type of Service: Day Care Setting

Address: The Jethro Centre, Flush Place, Lurgan BT66 7DT

Tel No: 02838325673

Inspector: Priscilla Clayton

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Palms Day Care Centre took place on 13 October 2016 from 9.45 to 3.45 hours.

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

Is care safe?

There were examples of good practice found throughout the inspection in relation to staffing levels; staff induction; training, supervision and appraisal; infection prevention and control; environmental standards; fire safety and overall responses received from service users and staff during the inspection and in returned questionnaires to RQIA.

One recommendation was made in regard to the development of a policy in keeping with the new DOH regional policy entitled Adult Safeguarding Prevention and Protection in Partnership (2015). Updated training in relation to Adult Safeguarding is recommended.

Is care effective?

There were examples of good practice found throughout the inspection in relation to service user engagement in the planning and provision of care which was reflected within minutes of meetings, monthly monitoring visits and direct feedback from service users. Effective communication, collaboration and information sharing between staff, service users and other stakeholders was evidenced within records examined and in responses recorded within questionnaires returned to RQIA.

Two recommendations made for improvement related firstly, to review and revision of service user agreements and secondly, the undertaking and recording of fall risk assessments.

Is care compassionate?

The inspection of records, observations of practice and discussions with staff and service users and one relative, confirmed that service users were being treated with compassion, dignity and respect. Staff were observed listening and responding to service users, seeking their views and communicating with them in a supportive, caring manner. Core values were reflected within the statement of purpose and service user guide. Staff and service users are to be commended on the development of a service user guide video which will be of value to new service users and to those considering placement.

No areas for improvement were identified within this domain.

Is the service well led?

There was good supporting evidence that the service was well led with effective systems and processes in place for the management of the setting. Discussions with staff and service users regarding management arrangements confirmed that they were kept fully informed. Staff were knowledgeable in regard to their role and responsibilities and documentation held, including the

annual quality report, provided good information on the arrangements in place to promote minimum standards of care and quality improvement in the setting.

No areas for improvement were identified for improvement.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Gail Woolsey, 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 3 December 2015.

2.0 Service details

Registered organization / registered person: Shankill Parish Association/Andrew Norman George Dunlop	Registered manager: Gail Woolsey
Person in charge of the service at the time of inspection: Gail Woolsey	Date manager registered: 14 March 2016
Number of service users accommodated on day of Inspection: 10	Number of registered places: 16

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Report and QIP from last care inspection

The inspector met with all service users in small group format and with three staff including the registered manager. No professional staff visited the centre during the inspection.

A total of 15 satisfaction questionnaires were provided to the manager for distribution to service users (5), relatives (5) and staff (5), for completion and return to RQIA. Four questionnaires were returned within the timescale (two staff and two service users).

An inspection of the internal environment was undertaken.

The following records were examined during the inspection:

- RQIA certificate of registration
- Indemnity insurance certificate
- Staff duty rota
- Staff Induction programme
- Staff supervision and annual appraisal schedules
- Staff training records
- Three service users' care files
- Statement of purpose and service users' guide
- Minutes of recent staff meetings
- Minutes of service user meetings
- Complaint records
- Audit records
- Accident/incident/notifiable events records
- Annual summary evaluation report (2015)
- Monthly monitoring report
- Selected policies and procedure

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection dated 3 December 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 10 (2) (c) Stated: First time	The responsible person must confirm that the appropriate pre- employment vetting has been obtained by the organisation in regards to the manager.	Met
	Action taken as confirmed during the inspection: Examination of records retained provided evidenced that vetting had been obtained and recorded.	

<p>Requirement 2</p> <p>Ref: Regulation 20 (10) (c)</p> <p>Stated: First time</p>	<p>The registered manager must ensure that all mandatory training is kept up to date.</p> <hr/> <p>Action taken as confirmed during the inspection: Examination of staff training records detailed that mandatory training was being provided. Updated training in First Aid is scheduled to take place on 18 October 2016.</p>	<p>Met</p>
<p>Last care inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p>	<p>The manager should ensure care plans detail the specific assistance or support each service user requires regarding their continence needs.</p> <hr/> <p>Action taken as confirmed during the inspection: Inspection of two selected care plans detailed assistance required in relation to identified continence needs.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p>	<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> <hr/> <p>Action taken as confirmed during the inspection: A report had been developed as recommended. The report summarised the outcome of a satisfaction survey carried out during August 2015. Responses from service users were noted to be positive.</p> <p>A copy of the report was shared with service users and displayed on the notice board within the centre.</p>	<p>Met</p>

Recommendation 3 Ref: Standard 18.5 Stated: First time	The manager should confirm that the Service User Involvement Policy has been reviewed.	Met
	Action taken as confirmed during the inspection: The manager explained that review and revision took place with greater detail added as recommended. Examination of the policy dated 14 January 2016 reflected methods utilised to ensure service users' views were included.	

4.2 Is care safe?

Discussion with the manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Day Care Setting Regulations (Northern Ireland) 2007. Examination of three staff files confirmed that all necessary checks were completed prior to any new staff member commencing service.

The manager explained that the staffing levels were satisfactory in meeting the assessed needs of service users, taking into account the size and layout of the premises, fire safety requirements and the statement of purpose for the setting. No recent appointment of new staff has been necessary.

Staff induction programmes in place were noted to be comprehensive and based on the Northern Ireland Social Care Council (NISCC) standards.

Staff on duty each day and time spent in the setting was reflected within the staff duty roster retained.

Discussion with staff and a review of records confirmed that mandatory training, supervision (three monthly) and annual appraisal was provided. This was also confirmed by staff during discussions and in staff questionnaires returned to RQIA following the inspection. Records of mandatory training retained evidenced that staff training was provided and included a record of staff in attendance. It was noted that First Aid training is planned to take place on 18 October 2016.

The centre's policy and procedure on adult safeguarding was dated 18 November 2012. One recommendation was made in regard to review and revision of the policy to ensure details are in keeping with the new DOH regional policy entitled Adult Safeguarding Prevention and Protection in Partnership (2015). The manager explained that a review was planned and that she would be fulfilling the role of the safeguarding "champion". Staff who spoke with the inspector demonstrated knowledge and understanding of adult safeguarding principles and awareness of their obligations in relation to reporting any concerns about poor practice and whistleblowing. Training update in safeguarding of vulnerable adults is scheduled to take place on 23 December 2015. Staff update training in the new policy/procedure was recommended.

The manager and staff confirmed that restraint was not used in the centre. All service users were observed to move freely around the centre; there was no visible evidence of restraint being used.

Review of the infection prevention and control (IPC) policy and procedure confirmed that the policy was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC, which was in line with their roles and responsibilities. Inspection of the centre confirmed adequate supplies of liquid soap; alcohol hand gels; and disposable aprons wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures. Efforts to promoting good standards of hand hygiene among service users, staff and visitors were evident.

Inspection of the internal environment was noted to be exceptionally clean, tidy, organised, fresh smelling, appropriately heated and ventilated. The centre was also observed to be suitable for and accessible to service users, staff and visitors. There were colourful pictures displayed of service users taken during social events including the Queen's birthday celebration, and during their participation in the production a range of craft work. It was noted that service user consent had been obtained.

Fire doors were closed and fire exits free from obstruction. Records of fire safety training showed that this training had been provided as required. The centre's fire risk assessment was dated 26 October 2015. Recommendations made were discussed with the registered provider who confirmed that these had been addressed.

Service users who met with the inspector stated that the care provided was always good. No issues or concerns were raised or indicated.

Comments made included:

- "I love coming here, plenty of chat and things to do like making preparations for our Halloween party".
- "We would speak up and tell the staff or the manager if not happy about something".
- "I like the singing and the nice cup of tea with fresh bread and cheese when we arrive each day".
- Staff always friendly, good people who make sure we are asked what we think and like".

Analysis of responses from service users, staff and relatives within satisfaction questionnaires returned to RQIA were positive with no issues or concerns recorded.

Areas for improvement

One recommendation made in the "Is care safe?" domain related to the development of a new policy and procedure on adult safeguarding in keeping with DOH policy entitled Adult Safeguarding Prevention and Protection in Partnership, July 2015 and the identified named safeguarding champion.

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

The centre's statement of purpose and service user guide was available. The manager confirmed that service users had been issued with the service user guide on commencement of attendance at the centre.

Each service user/representative had been issued with a service user agreement on commencement of day care, with signed copies retained. One recommendation made related to review and revision of agreements to ensure that full details included are in keeping with Standard 3 of Day Care Settings (DOH 2012).

A review of three care records confirmed that these were being maintained in line with regulation and standards. Staff confirmed that each service user had an individual care record file containing all the required documents. Three care records examined contained an up to date assessment of needs; life history; care plans and daily/regular statements of health and well-being of the service user; and details of reviews. Care records also reflected the multi-professional input into the service users' health and social care need; these were found to be updated regularly to reflect the changing needs of the service user. Records of review reports examined showed that service users/representatives participated in review meetings. Progress care records were in place and recorded every five attendances or more frequently when necessary.

One recommendation made related to ensuring that fall risk assessments are undertaken with measures to minimise the risk recorded within care plans.

There was evidence recorded within care records that service users and/or their representatives were encouraged and enabled to be involved in needs assessments, care planning and review process. Discussion with staff confirmed that a person centred approach underpinned practice, for example care records showed that service users were consulted with choice, views and preference reflected within their person centred care plans.

Care records were observed to be stored safely and securely in line with data protection.

There was evidence of good modes of communication and information sharing between service users, staff and other stakeholders. These included, for example, service user and staff meetings; care reviews; user friendly information displayed including midday meal menu and planned therapeutic activity.

The inspector met with service users in small group format. Service users confirmed they were very happy coming to the centre; were involved in the choice of activities, enjoyed parties held and could not think of anything else they would wish to be provided. Service users were aware of whom to contact if they had any concerns. No issues or concerns were raised or indicated.

Staff confirmed that activities were always discussed with service users, their views and preferences sought. Examples of activities provided included flower arranging, tea party, fashion trends, cooking and musical entertainment. Preparations for a Halloween party were taking place.

Responses within completed satisfaction questionnaires returned to RQIA following the inspection reflected positive feedback. No issues or concerns were recorded.

Areas for improvement

Two areas identified for improvement within the “Is care effective?” domain related to review and revision of the service user agreements and the undertaking of fall risk assessments, ensuring that measures in place to minimise identified risks are reflected within care plans.

Number of requirements	0	Number of recommendations	2
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4.4 Is care compassionate?

The manager and staff confirmed that there was a culture/ethos within the setting that supported the values of dignity and respect; independence; rights; equality and diversity; choice and consent of service users. This was reflected within the statement of purpose, service user guide, care records and minutes of service user meetings.

Discussions with service users confirmed that consent was sought in relation to their care and treatment. Observation of staff practice and interactions with service users demonstrated that they were treated with dignity and respect. Staff confirmed their awareness of promoting service user rights, independence and dignity. Staff were able to demonstrate how service users’ confidentiality was protected; for example, any discussions held with service users regarding personal matters would be undertaken in private; care records are confidential and only shared with consent of the service user, and to those who need to know.

Staff confirmed that service users were always listened to, valued and communicated with in an appropriate manner. Discussion with staff, service users and observation of practice confirmed that service users’ needs were recognised and requests for assistance responded to in a prompt and courteous manner by staff.

Responses within completed satisfaction questionnaires returned to RQIA following the inspection reflected positive feedback within the “Is care compassionate?” domain. No issues or concerns were recorded.

Areas for improvement

No areas for improvement were identified in “Is care compassionate?” domain.

Number of requirements	0	Number of recommendations	0
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4.5 Is the service well led?

Gail Woolsey who is the registered manager of this centre was on duty throughout the inspection. The manager is supported in her role by three care support workers, and the registered provider who holds an office in the premises and visits most days each week. The manager explained that when she is off duty a competent capable staff member “acts up” in her absence. One recommendation made related to the undertaking and recording of a competency and capability assessment for any person managing the centre in the absence of the manager.

Discussion with the manager identified that she had a very good understanding of her role and responsibilities under the Day Care Setting Regulations (Northern Ireland) 2007 and system and processes in place for the day to day management of the day care centre.

The centre's certificate of registration with RQIA was displayed in a prominent position.

The certificate of public liability insurance displayed showed an expiry date of 17 February 2017.

There was a clear organisational structure within the centre and staff demonstrated awareness of their roles, responsibility and accountability. This information was outlined in the setting's statement of purpose and service user guide.

The manager and staff confirmed that the centre operated in accordance with the regulatory framework, and that the health and social care needs of service users were met in accordance with the setting's statement of purpose.

Staff meetings were being held every three months with minutes recorded. Minutes examined showed these were being recorded in accordance with Standard 38 of the Day Care Settings Standards.

Individual staff supervision was provided every three months, and appraisal annually with records retained.

A wide range of policies and procedures were in place. Policies were centrally indexed and accessible to staff. The manager explained that review and revision of policies is ongoing. Staff demonstrated knowledge and understanding of policies relating to adult safeguarding and whistleblowing.

Examination of complaints records showed that one complaint had been received since the previous inspection. The manager confirmed this has been resolved satisfactorily. One recommendation made related to ensuring that the complainant's satisfaction is recorded within the complaint record. Information on "how to complain" was reflected within the statement of purpose and service user guide.

Discussion with the manager alongside examination of notification of accident and incident records confirmed that these were managed appropriately and that no adult safeguarding allegations had been reported or indicated since the previous inspection.

The manager explained that a range of internal audits are undertaken to provide a systematic and documented process to determine that the quality of the service provided was in accordance with the statement of purpose, legislation and associated day care standards. Audits undertaken included; accidents/incidents, staff training, meals provided and fire safety. Audit of care records is currently ongoing. Actions taken to address improvements were reflected within the annual quality report.

The manager explained that monthly quality monitoring visits were undertaken by the registered provider. Reports examined were noted to be in compliance with Regulation 28 of the Day Care Setting Regulations (2007) and available to service users/representatives and the commissioning Health and Social Care Trust personnel if requested.

Responses within satisfaction questionnaires completed and returned to RQIA following the inspection reflected positive feedback within “Is the service well led?” domain. No issues or concerns were recorded.

Areas for improvement

Two areas identified for improvement related firstly to ensuring that complaint records reflect the complainant’s response to outcome of investigation and secondly to the recording of a complaints satisfaction to the outcome of a complaint.

Number of requirements	0	Number of recommendations	2
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Gail Woolsey, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Settings Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to day.care@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

<p>Recommendation 1</p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2016.</p>	<p>The registered provider should ensure adult safeguarding policy and procedures are reviewed and updated to reflect DHSSPS policy entitled Adult Safeguarding Prevention and Protection in Partnership, July 2015 and include the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.</p> <p>In addition, staff up-date training in the new policy/procedure was recommended.</p>
	<p>Response by registered provider detailing the actions taken: The adult safeguarding policy is currently being updated incorporating the Adult Safeguarding Prevention and Protection in Partnership document. I have summarised this document into a reader friendly format for staff to have and refer to. There is also training underway on standards of care as outlined in the NISCC Induction programme. All staff are attending these training days and Safeguarding Adults, including most recent developments and implications for practice, have been included. The next training date is scheduled for 11th January 2017</p>
<p>Recommendation 2</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2016</p>	<p>The registered provider should ensure that fall risk assessments are undertaken with measures in place to minimise the risk recorded within care plans.</p> <p>Response by registered provider detailing the actions taken: A risk assessment for falls has been developed based on the Falls Risk Assessment Tool (FRAT) used by healthcare professionals and is now included in each clients personal file. This will also be included as part of the new client checklist.</p>
<p>Recommendation 3</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2016</p>	<p>The registered provider should ensure that a competency and capability assessment completed for any person managing the centre in the absence of the manager.</p> <p>Response by registered provider detailing the actions taken: A Competency and Capability Assessment has been put in place for all persons who are responsible for being in charge in the absence of the registered manager. The competency domains were mapped against</p>

	the relevant core dimensions of the NHS Knowledge & skills framework and adapted from NIPEC 'Supporting Professional Development - A competence Assessment Tool for Ward Sisters/Charge Nurses DHSSPS (Sept 2010)
Recommendation 4	The registered provider should ensure that the complainant's response to the outcome of the investigation is recorded within complaints records.
Ref: Standard 14.10	
Stated: First time	Response by registered provider detailing the actions taken: The outcome of this complaint has now been documented in the appropriate section of the complaints record and staff have been reminded to document in both the clients care plan and the relevant complaints form in the event of a complaint being received
To be completed by: 30 November 2016	
Recommendation 5	The registered provider should ensure that service user agreements are reviewed and revised to include full information as reflected within the minimum standard for day care settings.
Ref: Standard 3.1	
Stated: First time	Response by registered provider detailing the actions taken: The service user agreement has been reviewed and updated to reflect & comply with standard 3 of the Day Care Setting Regulations (DOH 2012)
To be completed by: 30 November 2016	

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



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