

Unannounced Care Inspection Report 21 July 2017



Castlecroft Beacon Centre

Type of service: Day Care Service
Address: 64 Main Street, Lisnaskea, BT92 0JD
Tel no: 02867721838
Inspector: Angela Graham

www.rgia.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 that provides care and day time activities for up to fifteen members. The day care setting is open Monday, Tuesday and Friday.

3.0 Service details

Organisation/Registered Provider: Inspire Wellbeing Responsible Individual(s): William Henry Murphy	Registered Manager: Finola Crudden
Person in charge at the time of inspection: Chrissy Lynch, Project Worker 09.35 – 13.35 hours Finola Crudden, Registered Manager 13.35 – 16.00 hours	Date manager registered: 25 September 2009
Number of registered places: 15 - DCS-MP	

4.0 Inspection summary

An unannounced inspection took place on 21 July 2017 from 09.35 to 16.00 hours.

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

The inspection sought to assess if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Service users will be referred to as “members” throughout the report as this is the title preferred by those who attend the centre.

Evidence of good practice was found in relation to staff training, supervision and appraisal, knowledge regarding adult safeguarding, infection prevention and control and risk management that promoted safe care. Regarding effective practice, examples of good practice were found in relation to care records, audits and reviews and communication between members, staff and other key stakeholders. Good practice was found regarding compassionate care in relation to the culture and ethos of the day care setting, dignity and privacy, listening to and valuing members and taking account of the views of members. Finally, good practice was found in relation to governance arrangements, management of incidents, quality improvement and maintaining good working relationships supporting well led care in the setting.

Areas requiring improvement were identified regarding the environment and the duty roster.

Members were asked to provide their views regarding the day care setting. Examples of some of the comments made by members are “this is a great place to come”, “I can talk to the staff about anything and they provide me with the support I need” and “I enjoy coming here, I wouldn’t miss a day”.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Finola Crudden, 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 01 July 2016

No further actions were required to be taken following the most recent inspection on 01 July 2016.

5.0 How we inspect

Prior to inspection the following records were analysed:

- The registration details of the day centre
- Written and verbal communication received since the previous care inspection
- Notifiable events since the previous care inspection
- The previous care inspection report.

During the inspection, the inspector met with the registered manager, two project workers, an administrative staff member, two volunteers and twelve members. The project worker was provided with five questionnaires to distribute to members; five staff members and five relatives for their completion. The questionnaires asked for members, staff and relatives views regarding the service, and requesting their return to RQIA. Four staff and five members' questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Complaints and compliments records
- Accident/untoward incident records
- Staff roster
- RQIA registration certificate
- Certificate of public liability
- Staff supervision and appraisal records
- Elements of three members' care records
- Sample of policies and procedures
- Sample of quality assurance audits
- Staff training information
- Minutes of three staff meetings
- Minutes of three service user meetings
- Three monthly monitoring reports.

No areas for improvement were identified at the last care inspection.

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 01 July 2016

The most recent inspection of the day care setting was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 01 July 2016

There were no areas for improvement made as a result of the last care inspection.

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 project worker confirmed the planned daily staffing levels for the day care centre, and that these levels were subject to regular review to ensure the assessed needs of the members were met. A review of the staffing roster for weeks commencing 26 June 2017 until 21 July 2017 evidenced that the planned staffing levels were adhered to. Staff who were consulted confirmed that staffing levels met the assessed needs of the members. Discussion with members evidenced that there were no concerns regarding staffing levels.

On the day of inspection, two volunteers were supporting care staff in the day care setting. The inspector discussed the role of the volunteers with the registered manager. Discussion with the registered manager confirmed records detailing the scope of activity and responsibilities of volunteers were in place. Review of the staffing roster confirmed that records were maintained of staff working in the day care setting; however a record was not available of the volunteers' hours of service. This was identified as an area for improvement.

A competency and capability assessment had been completed for the staff member who was in charge of the day centre in the absence of the registered manager. Review of the competency and capability assessment confirmed the staff member had received training and was assessed as competent to undertake their role and responsibilities.

Discussion with staff and review of returned staff questionnaires confirmed that mandatory training and other professional development training was provided. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their

roles and responsibilities since the previous care inspection; this included infection prevention and control, first aid and adult safeguarding training.

The setting's accident and incident records were inspected. Review confirmed two incidents had been recorded since the last care inspection. These incidents were appropriately reported to RQIA. Discussion with staff confirmed the importance of keeping members safe in the setting and staff were aware of potential risks for each individual. Staff asserted that they had the right knowledge and information to prevent harm to the members attending the setting.

The registered manager confirmed that no restrictive practices were undertaken within the day care setting and on the day of the inspection none were observed.

The staff on duty on the day of inspection discussed the needs of the members they were looking after. They gave a clear description of their needs and how those needs will be met. The staff stated their aim was for members to enjoy their time in the day service by undertaking stimulating activities and for members to feel comfortable and safe in the group environment. The staff confirmed that if they had any concerns regarding safe practice, they would discuss this with their colleagues and/or the management team who they described as accessible and supportive. Staff confirmed members are encouraged to give their views, opinions and preferences. In summary, the discussion with staff confirmed they were proactively promoting safe care for members in this setting.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. The registered manager reported there were no suspected, alleged or actual incidents of abuse identified and reported since the last inspection.

A review of the day centre's environment was undertaken and the day centre was found to be generally clean, fresh smelling and appropriately heated. The review identified a number of environmental issues: a chair presented with evidence of wear and was stained, the carpet on the stairwell and landing was stained and frayed, a small number of floor tiles in the activity room were cracked and broken and the paintwork in the kitchen was marked and chipped. This was identified as an area for improvement.

The environment was observed during the inspection and there was evidence that hand hygiene was promoted through notices, hand washing supplies and facilities. There were no obvious hazards to the health and safety of members, visitors or staff. Fire exits and corridors were observed to be clear of clutter and obstruction. The review of fire drill records confirmed that a fire drill had been undertaken on 03 May 2017. Discussion with staff confirmed they were aware of the evacuation procedure.

Five members completed questionnaires for this inspection. These members confirmed that they felt safe in the setting. These members also confirmed that they could talk to staff if they were unhappy or had any issues or concerns and they could tell someone if they were worried about someone being treated badly. The members reported the setting was comfortable and they knew what to do if the fire alarm sounded.

Four staff members returned questionnaires to RQIA post-inspection. The staff members confirmed that the care was safe, they had received training in adult safeguarding, there are risk assessments and care plans in place for members, they would report poor practice and they receive support to fulfil their roles and responsibilities.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, knowledge regarding adult safeguarding, infection prevention and control and risk management.

Areas for improvement

Two areas for improvement were identified in relation the environment and the duty roster.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

Discussion with the project worker established that staff in the day care setting responded appropriately to and met the assessed needs of the members.

The inspector reviewed elements of three members' care files. The review confirmed risk assessments and care and support plans were in place. There was evidence that risk and other assessments informed the care planning process. There was also recorded evidence of multi-professional collaboration.

Members were encouraged and enabled to be involved in the assessment, care planning and review process. Care recording for every five attendances was being maintained in the three care records inspected.

Discussion with staff regarding implementation of the care and support plans provided assurance they knew each individual's needs. Discussion with members about what they were doing in the centre provided assurances they knew what activity they were going to take part in, who would help them and they were happy that their choices and needs were being met in Castlecroft Beacon Centre.

Review of elements of three members' care records confirmed annual reviews of the individual's day care placement had taken place in the previous year.

It was observed during this inspection, that records were stored safely and securely in line with data protection.

The project worker confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to members at appropriate intervals.

Evidence was provided to verify systems were in place to ensure effective communication with members, their representatives and key stakeholders. These included pre-admission information, care reviews, members and staff meetings.

Discussion with staff confirmed they promoted members independence and skills in the setting, they understood each individuals' abilities and were informed regarding members' individual needs from their records and assessments.

Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the day care setting. Staff stated that there was effective teamwork and each staff member knew their role, function and responsibilities.

Staff also confirmed that if they had any concerns, they could raise these with the registered manager. All grades of staff who were consulted clearly demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

Discussion with the project worker and review of records evidenced that members meetings were generally held monthly. The last meeting was held on 13 June 2017 and minutes were made available.

Members who met with the inspector stated they had enjoyed the activities they do with staff. They identified the benefits of being in the setting such as promoting their independence, the benefits of the social aspect of being in a group and they gave examples of how the care and support received from staff had improved their outcomes. Members are involved in an upcycling social enterprise project, "hands up" project and South West College classes.

There was information available to staff, members and representatives in relation to advocacy arrangements.

Observation of practices evidenced that staff were able to communicate effectively with members.

Five members' completed questionnaires. These members confirmed that they were getting the right care at the right time and staff were communicating well with them. They also confirmed that their choices are listened to and they choose the activities they take part in. The members reported that they had been involved in the annual review of their day centre placement.

Four staff members returned questionnaires to RQIA post-inspection. The staff members confirmed that members are involved in their care plan, care plans inform the care provided, monitoring of quality is in place and that staff respond to members in a timely manner.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews and communication between members, staff and other key stakeholders.

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.

The registered manager confirmed that staff in the day care setting promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of the members.

Discussions with staff regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the members, as well as promoting their strengths and providing choice.

Discussions with members along with observations of practice during this inspection confirmed that members were enabled and supported to engage and participate in meaningful activities e.g. IT classes in the local library, money management group and the allotment "field to fork" group.

Staff were aware of each member's individual needs and were observed to respond positively and warmly. During discussion, staff presented as knowledgeable and informed regarding each member's needs.

Members confirmed their views and opinions were taken into account in matters affecting them. They identified that attending the setting helps them avoid loneliness, gives them structure to their week and is a place where they are encouraged to be independent.

The staff described how they consult with members informally when they are in the day care setting regarding their needs, preferences and choices.

Members are consulted on a formal basis via members' meetings and the annual review of their day care placement.

Members spoken with during the inspection commented positively in regard to the care they received. Examples of some of the comments made by members are listed below:

- "I love coming to the day centre. I meet up with all my friends".
- "The staff encourage independence in all aspects. I am going to the local library this morning to improve my computer skills".
- "I feel happy and safe here".
- "We go on outings from the centre. We were in Bundoran on Tuesday. We had a great day".
- "The centre is part of my life and when I feel down I can talk to the staff".
- "Finola and the staff are very friendly and helpful".
- "I enjoy the tutors coming to the centre".

During the inspection, the inspector met with two care staff, an administrative staff member and two volunteers. Some comments received are listed below:

- "We are here to support the members in the best way we can".
- "I have completed all my mandatory training and have regular supervision".
- "We promote independence and do all we can to empower the members".

- “I have worked in the centre many years and really enjoy my role”.

Consultation with members regarding compassionate care and members’ questionnaires identified they were treated with respect and are involved in decisions affecting them, the staff are kind and caring, their privacy is respected, they have choices and are involved in decisions.

Four staff questionnaires confirmed members are treated with dignity and respect, encouraged to be independent and their views are sought and acted upon.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, dignity and privacy, listening to and valuing members and taking account of the views of members.

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 members in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was displayed in a prominent position in the day care setting. A certificate of public liability insurance was current and displayed.

The registered manager confirmed that there were management and governance systems in place to meet the needs of members.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Staff confirmed that they had access to the day centre’s policies and procedures.

Discussion with staff confirmed that they knew how to respond to a range of situations such as responding to issues of dissatisfaction or an adult safeguarding concern. The staff confirmed that there is good communication across the team and clear working together practices. They described the management team as supportive and they knew they could speak to them for guidance or advice. All grades of staff were clear who they report to and what to do if they had a concern about a staff member or member. Discussions with staff also confirmed that management were responsive to any suggestions or concerns raised.

Discussion with the registered manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance.

A review of supervision records confirmed that supervisions were completed for staff on a quarterly basis, or more frequently, and staff appraisals were completed annually. Discussion with staff confirmed that they had received supervision and appraisal accordingly.

Discussion with the registered manager confirmed that staff meetings were generally held weekly, and records verified this. The last meeting was held on 07 July 2017 and minutes were available; the previous staff meeting had been undertaken on 04 July 2017. The registered manager confirmed that the minutes of staff meetings were made available for staff to consult.

Discussion with staff confirmed they felt well supported by their manager and that they are all asked to contribute to developing and improving practice.

No complaints had been recorded since the previous care inspection on 01 July 2016; however a complaints record was maintained and made available for inspection. Compliments records were recorded and maintained by staff.

The inspector discussed the monitoring arrangements under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A monitoring visit had been undertaken on 02 June 2017. Three monitoring reports were reviewed from April to June 2017; the monitoring officer reported on the conduct of the day care setting.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Records were made available for inspection concerning audits of the environment, staff training, accidents/incidents, supervision and appraisal and care records and evidenced that actions identified for improvement had been completed.

Five members' questionnaires confirmed that the service was managed well. The members also confirmed that staff had responded well to them and they are asked what they would like to do in the setting. The members stated that they knew the manager and could talk to the manager if they had any concerns.

Four staff questionnaires confirmed that the service is managed well, the service is monitored, and communication between the staff and management is effective.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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 Finola Crudden, 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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 26 (2) (d) Stated: First time To be completed by: 30 November 2017	<p>The registered person shall, having regard to the number and needs of the service users, ensure that all parts of the day care setting are kept clean and reasonably decorated. The following maintenance issues must be addressed:</p> <ul style="list-style-type: none"> • Replace the cracked/broken floor tiles in the activity room • Replace the identified chair • Repaint the kitchen (paintwork marked/chipped) • Replace the identified carpet. <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Plans are in place to address the maintenance issues identified before the completion date.</p>
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 24.5 Stated: First time To be completed by: 31 August 2017	<p>The registered person shall ensure a record is kept of volunteers deployed, the hours of service and the range of work undertaken.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: The volunteer records have been updated in line with the recommendations</p>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
🐦 @RQIANews

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