

Unannounced Day Care Setting Inspection Report

22 November and 12 December 2016



Strabane and District Caring Services

Type of service: Day Care Service
Address: 32-34 Bridge Street, Strabane, BT82 9AE
Tel no: 02871884986
Inspector: Suzanne Cunningham

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Strabane and District Caring Services took place on 22 November 2016 from 11.00 to 13.00, the setting was closed to service users, a selection of records was inspected. Inspection of the remaining records and consultation with the service users was completed on 12 December 2016 from 11.30 to 14.30.

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?

The inspection of the records of staff on duty, supervision dates, training records, observations of the setting; discussions with service users and staff provided evidence the care delivered was consistent with the settings statement of purpose and ethos.

Staff in the day centre were observed responding to a range of service users' needs. The service users said the centre was supportive and safe. The staffing levels were responsive to service user's needs, welfare and safety and the premises presented as safe on the day of the inspection.

Overall the assessment of "is care safe" concluded the minimum standards inspected were met. Two areas of improvement were identified regarding the detail recorded of staff working each day and the staff induction process, which should include an assessment of competence.

Is care effective?

The inspection of three service users individual care records, incident recording, complaints recording, discussion with the service users, and staff concluded care was being delivered at the right time, in the right place, and with the best outcome. Individual care needs had been assessed and the identified need had been written into a plan. Review and monitoring arrangements were in place to review the effectiveness and quality of care delivered to service users.

Overall the assessment of "is care effective" concluded one area of improvement is recommended regarding service users agreements. These should be completed with each existing service user and any new service user's before they commence at the day care setting.

Is care compassionate?

The inspection of records, observations of practice, discussions with staff and service users revealed that service users were being treated with compassion, dignity and respect. Staff were observed listening to service users and communicating with them in a supportive and caring manner.

Overall the assessment of "is care compassionate" concluded the minimum standards inspected were met. One area of improvement was identified to improve the recording of meetings with service users and ensure their contribution to the running of the day care setting is recorded and acted upon.

Is the service well led?

The discussion with staff and service users regarding the management arrangements confirmed they were informed regarding the management arrangements and the staffs role and responsibilities.

Overall the assessment of “Is the service well led?” concluded two areas of improvement should be implemented regarding commencing regular audits; and the team meeting agenda / minutes should be improved.

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

1.1 Inspection outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 0 | 6 |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Jacqueline Timoney, 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 29 February 2016.

2.0 Service details

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| Registered organisation/registered person: Strabane and District Caring Services/Mr Gerard Mario Harkin | Registered manager: Jacqueline Timoney |
| Person in charge of the service at the time of inspection: Jacqueline Timoney | Date manager registered: 16 October 2009 |

3.0 Methods/processes

Prior to inspection following records were analysed:

- The registration details of the day centre
- Information and correspondence received from the registered manager and Strabane District Caring Services
- Incident notifications which revealed no incidents had been notified to RQIA in the last 12 months
- Unannounced care inspection report 29 February 2016 and trust response to the inspection.

During the inspection the inspector met with:

- The manager
- Two staff
- Six service users.

Questionnaires were given to the manager to distribute between service users, representatives and staff in The Strabane and District Caring day centre. one was returned by a service user, two by staff and one by a relative.

The following records were examined during the inspection:

- Three service users' care files including a sample of service users' daily records
- Staff working record
- The complaint/issue of dissatisfaction record which had no entries recorded from April 2015 to December 2016
- A sample of incidents and accidents records from February to December 2016
- A sample of the team meeting minutes for July, November and December 2016
- Staff supervision dates for 2016
- Two staff records
- Four monthly monitoring reports for September, October, November and December 2016
- Staff training information for 2016
- Statement of Purpose
- Service Users Guide.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 29/02/16

The most recent inspection of the establishment was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 29 February 2016

| Last care inspection statutory requirements | | Validation of compliance |
|--|--|--------------------------|
| Requirement 1 Ref: Regulation 16 (2) (b) Stated: First time | <p>The manager shall ensure that any changes agreed as a result of the commissioning trust review of care are reflected within the identified service user's care plan.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed the care plan had been updated following the review.</p> | Met |
| Last care inspection recommendations | | Validation of compliance |
| Recommendation 1 Ref: Standard 21.4 Stated: First time | <p>Ensure care staff are provided with update training in continence management.</p> <p>Action taken as confirmed during the inspection: Continence training was being delivered to the new staff that had commenced in post since the last inspection on 13 December 2016.</p> | Met |
| Recommendation 2 Ref: Standard 15.3 Stated: First time | <p>Ensure full details on the management of lap strap for one service user are reflected within the care plan and ongoing review conducted. Details such as release times, and staff supervision at all times when the lap strap is in use and review frequency should be included. Review of the associated risk should also be discussed at the commissioning trust care management review.</p> <p>Action taken as confirmed during the inspection: Inspector confirmed the care plan had been updated in this regard for the identified service user.</p> | Met |
| Recommendation 3 Ref: Standard 18.5 Stated: First time | <p>Ensure review of the policy on restrictive practice and seclusion (November 2014) to include current best practice is reflected in regard to restrictive practice including lap strap use. For example: multi-professional needs assessment which is complemented with risk assessment; multi-professional risk management plan which is signed as by all in attendance including service user/representative; staff training; degree of staff supervision required; and regular review.</p> | Met |

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| | Action taken as confirmed during the inspection: The policy and procedure had been updated at the time of inspection. | |
| Recommendation 4 Ref: Standard 21.8 Stated: First time | First Aid and challenging behaviour training provided should be recorded alongside all mandatory training within the training matrix. | Met |
| | Action taken as confirmed during the inspection: Inspector confirmed the training had been recorded in the matrix at the time of inspection. | |
| Recommendation 5 Ref: Standard 5.2 Stated: First time | Ensure the assessed continence need of one service user is reflected within the care plan. | Met |
| | Action taken as confirmed during the inspection: Inspector confirmed the care plan had been updated. | |

4.3 Is care safe?

Discussion with the manager and staff identified the staff team had changed since the last inspection. The previous staff gained promotion within the organisation, one new staff had commenced in April and one commenced in July 2016. Observation of the activities being delivered and lunchtime routine revealed the staffing arrangements in this day care setting were adequate to meet the service user's needs. No service users were left alone and observation did not reveal any unmet needs during this inspection.

The manager had not kept staffing rota as described in standard 23.7; which states a record should be kept of who is working and in what capacity. The care staff who were working was recorded in the diary however, this did not detail their role and responsibility and the management cover. A recommendation is made for the staffing record to be improved to achieve compliance with standard 23.7.

On the day of the inspection there were two care workers and the registered manager on duty in the setting. There was a procedure in place regarding absence of the manager dated January 2016. During the inspection the staff and service users confirmed they were aware of who was in charge of the day care setting and who they could talk to if they had a concern or wanted advice.

Two staff files were inspected; they provided evidence that staff commenced their job following satisfactory pre-employment checks undertaken by the employing organisation. The staff induction procedure was in place and evidence in practice was provided for the two staff that commenced their jobs this year. The procedure covered orientating staff into their new role and responsibilities however this did not provide evidence of competence to carry out the duties of the job. This is described in Standard 21.1 which states care staff induction should have regard for NISCC induction Standards; which ensures staff are competent to carry out the duties for their job. The manager provided an induction pack based on the NISCC induction standards

which had been developed but not implemented. A recommendation is made for the staff induction process to include the assessment of competence, for example the NISCC induction Standards.

Supervision arrangements were inspected for staff. The supervision records for 2016 showed staff had received one individual supervision session no less than once every three months.

The staff training record was inspected for 2016. The staff mandatory training and training specific to service users' needs record detailed they undertook and range of training relevant to the services such as fire safety; first aid, continence and protection of vulnerable adults training.

This day care setting had delivered a range of activities. They ranged from room based activities, community activities and creative projects. The service users were supported by staff in accordance with their assessment; to ensure care was effective and safe. During the inspection staff were observed enabling individuals to experience the benefits of social interaction with other service users and service users fully engaged in the tasks and activities.

The walk around the environment identified the day care setting was clean, homely and fire exits were observed as clear. Overall the environment was functional for this group, warm, comfortable and the lay out promoted freedom of movement for all service users. It was noted the building had been well maintained and no obvious hazards internally or externally were noted. Overall the inspection of the premises and grounds identified they presented as safe, well maintained and suitable for their stated purpose.

Six service users were consulted with during the inspection regarding is care safe. This revealed staff had talked to them about keeping safe and had guided/supported them in the day care setting to be safe. They described staff had helped them to exit the building when there was a fire drill and to move around when required. This was especially important for those who needed assistance. Service users said if they had a problem or a need to be met they would go to a staff member to get help, advice or support.

One service user returned a questionnaire to RQIA regarding this inspection and they stated they were very satisfied with the safe care in the setting. They identified they felt safe in the setting and protected from harm; they could talk to staff if they were unhappy; the setting is comfortable; they knew what to do if the fire alarm sounded; and they could tell someone if they were worried about someone being treated badly.

One relative returned a questionnaire. They stated they were very satisfied that their relative received safe care. They responded their relative is safe and protected from harm, they could talk to staff, and they would report concerns to the manager and the environment is suitable to meet their relative's needs.

The inspectors discussion with staff identified they felt the staff numbers were adequate to meet service users' needs and ensured they had provided safe care; in a safe environment. The staff said if they had any concerns regarding safe practice they would discuss this with the management team.

Two staff members returned questionnaires. They were very satisfied care was safely delivered in this setting. The questionnaires detailed care was safe because they had received training to care for service users safely, there are risk assessments and care plans in place for service users, they would report bad practice and they receive support to fulfil their roles and responsibilities.

Areas for improvement

Two areas of improvement were identified regarding the record of staff working each day and improving the staff induction process to include an assessment of competence, for example the NISCC induction Standards.

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| Number of requirements | 0 | Number of recommendations | 2 |
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4.4 Is care effective?

The inspection of three individual service user care files showed each service users' needs had been assessed and this was used to draw up a plan with the service users, and their relatives or representatives as appropriate. The plan had been reviewed at least annually by the day care setting. This had ensured the care provided was appropriate to meet the service user's health and social care needs. Observation of care and inspection of care plans provided evidence staff were promoting service users independence and to achieve goals. Review documentation detailed consultation with service users and relatives/carers to ensure the setting had a full picture of the service users' needs. This included what had or had not worked for them since attending the day centre. The service user's agreement was not in the service user's documentation and was not part of the review. Discussion revealed agreements were not being used; a recommendation is made to ensure they are implemented in accordance with standard 3.1.

The staff and service users discussed the day care setting activity schedule was informed by service users' ideas, interests and personal goals. The service users spoken to gave examples of activities they were interested in and how the staff had supported them to do the activities. This included one service user who asked staff to help them to learn to swim. Other activities had been making and selling crafts for fundraising. The funds from this were used to finance outings. Discussions revealed the service users and staff were resourceful and creative. They making and selling of crafts had been a positive experience for the service users and they described this had a positive effect on their self-esteem.

Service users discussed they liked being in the setting because the social aspect of attending the setting had a positive impact on them, for example it got them out of their home and they experienced new opportunities. They described the care was effective because they were getting the right care and support from staff, they described the staff knew what the service users needed and they were kind. The service users said they liked communicating together, knew each other well and support each other. The service users confirmed they know what is in their care plan, their review was about their needs; they could invite who they wanted to and knew what was going to be talked about.

One service users' questionnaire identified they were very satisfied care was effective in the day care setting. They identified they were getting the right care at the right time; staff were communicating with them; their choices were listened to; they can choose the activities they take part in; and had been involved in the annual review of their day centre placement.

One relative returned a questionnaire and identified they are very satisfied with the effective care their relative receives. They responded their relative gets the right care, at the right time, in the right place; they were satisfied with communication with staff; their awareness of their relative's needs; preferences and choices, these were incorporated into the care they receive; and they are involved in their relative's annual review.

Discussion with staff confirmed they were well informed regarding individual service users' needs. They make sure plans are suitable by consulting with the service user and if appropriate relatives. Overall they said they want to achieve positive outcomes for the service users and ensure information they have recorded is current and relevant for the service user. They identified this is key to ensuring service users get the right care, at the right time, in the right place.

Two staff questionnaires responded they were very satisfied care was effective in this setting. They identified service users are involved in their care plan, care plans inform the care provided, monitoring of quality is in place and that staff respond to service users in a timely manner.

Areas for improvement

One area of improvement is recommended regarding service users agreements which should be completed with each existing service user and any new service user's before they commence at the day care setting.

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| Number of requirements | 0 | Number of recommendations | 1 |
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4.5 Is care compassionate?

This inspection included consultation with six service users in this day care setting. The inspection also included observation of the morning activities and lunch times. Service users described care was compassionate and gave examples such as: they communicate well with each other, they can confide in staff, they openly give their ideas, views and opinions, they felt the management staff have an open door and are frequently present in the day care setting. One service user said they "would be lost without here". The other service users agreed, stating the setting keeps their mind and body active and the communication is open and honest.

Observation of care showed the staff were observing service users and checking they were comfortable, that their needs were being met and seeking service user's preferences. Overall staff were observed supporting service users in a compassionate way, encouraging service users to be involved in the activities and where possible promoting their independence.

Records such as individual service users review documentation, the monthly monitoring reports; annual service users' consultation records showed the management team and staff group have processes in place to involve service users and their relatives in decisions about their care and the running of the day care setting.

The inspection revealed the staff had not kept records of meetings they held with groups of service users regarding the running of the day centre, their ideas, suggestions and preferences. However they had established an annual quality survey that was last undertaken in January 2016. All consultation with service users should be recorded to ensure their contribution to the running of the day care setting is recorded on and acted on. A recommendation is made to improve the records in this regard.

One service users' questionnaire identified they were very satisfied with the compassionate care delivered in the day care setting. They identified they had been treated with respect and were involved in decisions affecting them, the staff are kind and caring, their privacy is respected; they have choices and are involved in decisions.

One relative’s questionnaire was returned and they identified they were very satisfied with the compassionate care received by their relative. They described their relative was treated with dignity and respect and involved in decisions affecting their care. They do not have any concerns and their relative is treated well. They wrote “my wife is treated excellently by the staff and manager. They are attentive and give brilliant care. It is very well organised and run, it means the world to both of us”.

The staff discussion revealed they encourage service users to be independent and confident. They want service users to feel confident that they can communicate openly with staff. They offer reassurance as required, are supportive, help and assist all service users.

The two staff questionnaires identified they are very satisfied compassionate care is delivered in this setting. Service users are treated with dignity and respect, encouraged to be independent; their views are sought and acted upon.

Areas for improvement

One area of improvement was identified regarding the recording of meetings with service users to ensure their contribution to the running of the day care setting is recorded on and acted upon.

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| Number of requirements | 0 | Number of recommendations | 1 |
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4.6 Is the service well led?

The manager and responsible person were present on the day of the inspection and visible in the day care setting. They were observed communicating with service users regarding their wellbeing.

The manager provided examples of management and governance systems they had in place which ensured the setting was safe, well managed and service users’ needs are met in compliance with the Day Care Settings Regulations (NI) 2007 and Standards 2012. Examples were the annual quality reporting, the monthly monitoring visits, supervision arrangements, the management of training and the use of the environment. However, the inspection revealed regular audits of the service user files and care records had not been completed, audits of infection prevention and control; incidents and accidents were also not available. A recommendation is made to improve audit arrangements and evidence of the same in these areas.

The staff’s meeting minutes were inspected. They were recorded for July, November and December. The content was a brief note of activity planning or arrangements that needed to be confirmed or changed. There was little focus on safe, effective and compassionate care or if leadership roles should be improved or developed. A recommendation is made to improve the agenda and record of this meeting.

The monthly monitoring visits and reports were inspected for September, October, November and December 2016. The reports available evidenced visits had taken place once per month as required in regulation 28 and described the conduct of the setting.

Policies and procedures were accessible for staff in centrally indexed files.

The complaints record revealed none had been received since April 2015 to December 2016.

The service users spoken to were aware of the management arrangements in the setting. They said they are encouraged to talk to management who come into the setting regularly. They did say the important people were around the table which was the service users and care staff. They said they receive great support from staff.

One service users' questionnaire stated they were very satisfied that the setting was well led. They identified the service was managed well; they said they knew the manager and could talk to them if they had any concerns. Finally staff had responded well to them and they were asked what they would like to do in the setting.

One relatives questionnaire stated they are very satisfied the setting is well led. They identified the service was managed well; staff and the manager are approachable, professional and caring. They have a copy of the service user's guide.

Discussion with staff confirmed they knew who to report to and what to do if they had a concern. Staff described everyone's opinion is valued and everyone is supported to communicate how they feel. There is open communication that encourages staff to voice what they think, openly resolve issues of concern, seek support if it is required or discuss improvements that should be implemented.

Two staff questionnaires identified they are very satisfied the setting had been well led. They responded the service is managed well, the service is monitored, and communication between the staff and management is effective.

Areas for improvement

Two areas of improvement were identified to establish regular audits for the service user files and care records, infection prevention and control and incidents and accidents; and to improve the team meeting agenda and minutes.

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| 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 Jacqueline Timoney, 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 Setting 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 [web portal](#) 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

Recommendations

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| <p>Recommendation 1</p> <p>Ref: Standard 23.7</p> <p>Stated: First time</p> <p>To be completed by: 06 February 2017</p> | <p>The registered provider should improve the staffing record to detail who is working and in what capacity, including who is in charge.</p> |
| | <p>Response by registered provider detailing the actions taken:</p> <p>The staffing record has been updated detailing who is working, their job title and who is in charge.</p> |
| <p>Recommendation 2</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: 06 February 2017</p> | <p>The registered provider should include an assessment of competence when completing staff induction, for example the NISCC induction Standards.</p> |
| | <p>Response by registered provider detailing the actions taken:</p> <p>SDCS induction policy is currently being updated to include assessment of competence following induction. This will be completed in the required time frame.</p> |
| <p>Recommendation 3</p> <p>Ref: Standard 3.1</p> <p>Stated: First time</p> <p>To be completed by: 06 February 2017</p> | <p>The registered provider should establish a service user's agreement for all current service users. The agreement should also be in place for all new service users, prior to them commencing in the day care setting.</p> |
| | <p>Response by registered provider detailing the actions taken:</p> <p>SDCS have a Service User agreement. The registered provider will ensure this is in place for all existing and new service users.</p> |
| <p>Recommendation 4</p> <p>Ref: Standard 8</p> <p>Stated: First time</p> <p>To be completed by: 06 February 2017</p> | <p>The registered provider should record consultation with service users regarding the running of the day centre, their ideas, suggestions and preferences. All consultation with service users should be recorded to ensure their contribution to the running of the day care setting is recorded on and acted upon.</p> |
| | <p>Response by registered provider detailing the actions taken:</p> <p>A recording system has been implemented to ensure all consultation regarding the day care and running of the day centre with service users is recorded appropriately and actions taken.</p> |
| <p>Recommendation 5</p> <p>Ref: Standard 17.9</p> <p>Stated: First time</p> <p>To be completed by: 06 February 2017</p> | <p>The registered provider should improve the audit processes for service user files and care records, infection prevention and control, incidents and accidents.</p> |
| | <p>Response by registered provider detailing the actions taken:</p> <p>An audit process has been implemented for service user files and care records, Infection control, accidents and incidents and training.</p> |

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| <p>Recommendation 6</p> <p>Ref: Standard 23.8</p> <p>Stated: First time</p> | <p>The registered provider should improve the staff's meeting agenda and minutes. Discussion with staff regarding safe, effective and compassionate care would ensure any potential for improvement is identified with staff and if leadership roles and responsibilities could be improved or developed.</p> |
| <p>To be completed by: 06 February 2017</p> | <p>Response by registered provider detailing the actions taken:</p> <p>Staff meeting and minutes have been improved to include discussion around safe, effective and compassionate care themes, identifying areas for improvement and responsibilities of staff.</p> |



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