

Unannounced Care Inspection Report 15 January 2020



Strabane and District Caring Services

Type of Service: Day Care Service
Address: 32 – 34 Bridge Street, Strabane, BT82 9AE
Tel No: 028 7188 4986
Inspector: Maire Marley

www.rqia.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

Strabane and District Caring Services is a day care centre that provides care, support and day time activities for up to ten service users who have physical health, sensory and / or have an acquired brain injury. The day care setting is open three days per week on Monday, Wednesday and Friday.

3.0 Service details

Organisation/Registered Provider: Strabane and District Caring Services	Registered Manager: Jacqueline Timoney
Responsible Individual: Gerard Mario Harkin	
Person in charge at the time of inspection: Jacqueline Timoney	Date manager registered: 16 October 2009
Number of registered places: 10	

4.0 Inspection summary

An unannounced inspection took place on 15 January 2020 from 11.00 to 15.30 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. The Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

RQIA, as a public-sector body have a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

The inspection assessed progress with any areas for improvement identified 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.

Evidence of good practice was found in relation to care records, staff training, activities, communication with service users and the general environment.

Five areas of improvement were identified during this inspection in relation to completing competency and capability assessments for staff left in charge of the centre, maintaining a record of service users meetings, reviewing the fire risk assessment in a timely manner, amending the statement of purpose, and informing RQIA of changes to the Responsible Person.

Service users said:

- "I love coming here, we have great craic and I get to meet my friends."
- "This is a very safe place."

- “The staff are brilliant, they always communicate with us and ask what we would like to do, lots of choices in everything we do.”
- “The staff treat us very respectfully, absolutely brilliant.”

Comments made by service users during the inspection were very positive and complimentary regarding the service, staff and management team. Their comments confirmed that staff treat them in a polite dignified manner.

The findings of this report will provide the day care setting with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users’ experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	3

Details of the Quality Improvement Plan (QIP) were discussed with Jacqueline Timoney 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 19 November 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 19 November 2019.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration details of the day centre
- information and correspondence received by RQIA since the last inspection
- unannounced care inspection report dated 19 November 2019

During the inspection the inspector was introduced and spoke privately with two service users, two staff members and a social care student on placement.

Service Users’ comments during the inspection:

- “Great place.”
- “We are always asked what we want to do; the staff communicate with us very effectively.”
- “Dinners are lovely no complaints.”

Staff comments during inspection:

- “We have a great team and enjoy a great relationship with our service users.”
- “Staff know our service users’ so any change is noted and responded to.”
- “Staff training is excellent, we have so many opportunities and I have just finished my QCF Level 3.”

A range of documents, policies and procedures, relating to the service were reviewed during the inspection and are referred to within the body of the report.

Ten service user and/or representatives’ questionnaires were provided for distribution. No questionnaires were returned in time for inclusion in this report.

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 19 November 2018

The most recent inspection of Strabane and District Caring Services was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 19 November 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 28 (4) (c) Stated: First time	The registered person shall improve the monthly quality monitoring visit and reports to include commentary on the conduct of the setting as monitored at each visit. Ref: 6.7	Met
	Action taken as confirmed during the inspection: The information in the returned Quality Improvement Plan, along with the review of	

	four monthly quality monitoring visit reports assured the inspector this area of improvement was met.	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 21.1 Stated: First time	<p>The registered person shall put in place adequate arrangements to ensure all new staff to the day care setting receives an effective induction that introduces them to the setting and ensures they are introduced to safe practices and procedures used in the setting. The induction should also encourage staff to review their knowledge, competency and potential gaps for further training, for example the NISCC induction standards.</p> <p>Ref: 6.4</p>	Met
	<p>Action taken as confirmed during the inspection: There had been no new staff employed in the setting since the last inspection. The manager presented a template for the day setting induction and confirmed that any new staff would undertake the NISCC induction workbook.</p>	
Area for improvement 2 Ref: Standard 21.8 Stated: First time	<p>The registered person shall ensure the training records detail the name and qualifications of those who are delivering training and the content of the training programme.</p> <p>Ref: 6.4</p>	Met
	<p>Action taken as confirmed during the inspection: The information in the returned Quality Improvement Plan, along with the review of staff training certificates and training records confirmed that this area of improvement had been addressed.</p>	
Area for improvement 3 Ref: Standard 22.2 Stated: First time	<p>The registered person shall improve the frequency of individual, formal supervision for all staff. This should take place at least quarterly.</p> <p>Ref: 6.7</p>	Met
	<p>Action taken as confirmed during the inspection: The information in the returned Quality</p>	

	Improvement Plan, discussion with staff and a review of two staff training records confirmed that staff were in receipt of formal supervision quarterly.	
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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.

On the day of the inspection, the day centre was well maintained and in good decorative order, with no obvious hazards for service users or staff noted.

The manager facilitated the inspection and was fully familiar with her role and responsibilities in regard to the management of the centre. Discussion centred on changes to the management arrangements within the setting and this is reported on within section 6.7 of this report. The manager was advised that a competency and capability assessment should be in place for any person who takes charge of the centre in her absence and this has been stated as an area for improvement.

The staffing arrangements which had been assessed as necessary to provide a safe service in the setting were discussed with the manager. Assurances were provided that sufficiently qualified, competent and experienced persons are working in the centre to meet the range of needs accommodated. A sample of duty records examined contained details of the number of staff on duty; hours worked and confirmed that staffing levels were maintained.

Effective arrangements are in place to support staff and included training, supervision and appraisals. There had been no new staff employed since the last inspection, however the manager had devised an induction template and confirmed that new staff would be supported to complete the induction standards workbook set down by The Northern Ireland Social Care Council (NISCC).

A review of training records found that staff's mandatory training was up to date; in addition, staff had accessed other training and development courses relevant to the needs of service users. Two staff members spoke of recently completing QCF Level 3 and how this had helped to improve their knowledge and skills and enhanced their practice.

Discussion with the manager and staff confirmed there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to the appropriate professionals. Staff demonstrated their awareness of their safeguarding roles and responsibilities and confirmed that they would have the confidence to report any concerns in regard to a service user's well-being and were confident they would be supported by management. Training records sampled confirmed that training in regard to safeguarding was up to date and had been provided for staff in May and July 2018.

The organisation's whistleblowing policy and procedure were found to be satisfactory. Staff interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse, and described their role in relation to reporting poor practice.

Regular health and safety checks were in place to ensure a safe environment was maintained. A fire risk assessment was in place and it was noted that it had been due for review in February 2019. There was no evidence this review had been undertaken. Prior to leaving the setting the manager reported that the fire risk assessor had been contacted and confirmed that the risk assessment would be reviewed within seven days of the inspection. An area of improvement is made to ensure that fire risk assessments are undertaken in a timely manner. Records showed that a fire evacuation had taken place on 20 October 2019, fire training was up to date and records showed that safety checks were completed on firefighting equipment.

Arrangements had been implemented in regard to the recording and reporting of accidents and incidents. A review of the accident records from November 2018 to January 2020 confirmed that there had been one minor accident recorded during that period. The accident had been managed appropriately and no medical assistance was required.

A range of policies in keeping with Department of Health (DoH) Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998) were in place.

Arrangements were in place to ensure service user care records and staff personnel records were stored securely in line with General Data Protection Regulation (GDPR). This meant people could be assured that their personal information remained confidential.

During a walk around the day care setting, it was observed that the environment was warm, clean, fresh smelling and had suitable lighting and heating. The standard of hygiene observed throughout the centre was found to be good and it was noted appropriate infection prevention measures were in place.

Service Users' comments:

- "We are very safe here, it is a great place."
- "I enjoy the craic and meeting my friends, there is always something to do."
- "The staff look after us well."

Staff comments:

- "Staffing levels are good and are always maintained, this helps with safe care."
- "The centre is very safe, we ensure fire exits are clear and there are no hazards, we follow the service user's care plan, all of this ensures we deliver safe care."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, training, supervision and appraisal, adult safeguarding, infection prevention and control and environment.

Two areas for improvement were identified during the inspection and related to maintain competency and capability assessment for any person left in charge of the centre in the absence of the manager and ensuring fire risk assessment reviews are undertaken in a timely manner.

	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.

The centre's Statement of Purpose and Service User Guide were reviewed and revealed that information relating to the nature and range of services provided was outlined in the documents. Observations throughout the inspection confirmed that the day care setting was providing care and support in accordance with their Statement of Purpose.

Three care files were chosen for examination. There was evidence that risk assessments and care plans were completed and included the views of service users and, when appropriate, their representatives. A range of assessments were carried out and were specific to each person's needs, for example moving and handling and transport. The assessments provided information for staff that assisted them to minimise risks and to keep service users safe. Care records examined included the relevant information specified in the minimum standards, the records were current and had been reviewed in a timely manner.

Examination of a sample of annual care review reports demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. A written record of the review was contained in each service user's file. The report included the views of the service user and/or their representative and was informed by the written progress notes. It was noted that the comments made by service users and their families during their annual reviews were all very positive. Records examined were signed and dated and there was evidence that a regular audit of the documentation was undertaken.

There was evidence that the advice and input of other professionals had been requested when necessary and that staff worked closely with these professionals to deliver care that was effective and person centred.

During discussions with staff it was evident the care they provided to service users within the setting was effective. Staff were knowledgeable regarding service users' needs and care plans; they described how intervention with each service user was person centred depending on their individual needs. To ensure continuity of care staff expressed that they discussed service users' needs daily so any changes in their circumstances were known and responded to appropriately.

The interactions observed between staff and service users throughout the inspection confirmed that staff were suitably skilled and effective in communicating with all service users. There was good evidence of person centred interventions that assured service users were involved and communication opportunities maximised.

During the observation of lunch it was noted that the meals were served quietly and efficiently, assistance when required was provided in relaxed appropriate manner. Menus are displayed and service users have a daily choice of at least two options and can avail of a three course meal, service users confirmed they enjoyed their meals and one service user stated "The meals are gorgeous." The inspector discussed the consistency of one service user's lunch and

the manager agreed to contact the speech and language therapist to ascertain if a swallowing assessment was required.

Discussion with staff and service users with regards to the provision of effective care included the following comments:

Service Users’ comments:

- “The staff know how to look after me.”
- “We are very safe here, it is a great place.”

Staff comments:

- “We know our service users and that ensures we provide an effective service.”

Throughout the inspection service users and staff expressed positive views on the quality of service provided.

Areas of good practice

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.

This inspection sought to assess the day care setting’s ability to treat service users with dignity, equality and respect, and how they involve service users in decisions affecting their care and support.

Observations of staff interactions with service users were observed to be compassionate, caring and timely. Staff spoken with reflected the ethos of the day care setting which promotes respect, openness, honesty, good quality care, individual attainable goals and social interactions.

Throughout the inspection staff were observed to stimulate and encourage service users to participate in a range of therapeutic activities that promoted positive outcomes for their health and well-being and encouraged meaningful social engagement. On the morning of the inspection service users were in the community participating in a workshop that included arts and crafts and gardening. In the afternoon activities were facilitated by staff and the inspector noted service users approached staff freely, communicating their needs and making requests. Staff responses were noted to be cheerful and appropriate.

Staff who engaged with the inspector spoke positively about the service and the ongoing benefits of the service to both service users and their representatives.

Staff described the informal arrangements in place that ensured service users were consulted on a daily basis and their views and opinions sought. This included daily ongoing discussions with service users and checking before the commencement of each activity that people were willing to participate. More formal arrangements to promote effective communication with service users and/or their representatives were facilitated through annual care reviews, annual satisfaction surveys and service user meetings. A sample of the minutes of service meetings found evidence of service user involvement in the decision making process, it was noted that not all meetings had been recorded and is an area identified for improvement.

It was good to note that the views of service users are sought and recorded during the monthly monitoring visits, and the outcomes of the annual satisfaction surveys are included in the Annual Quality Report.

Service Users’ comments:

- “Staff are excellent, very good at communicating and listening to us.”
- “We discuss what we want to do and where we would like to go.”
- “The meals are gorgeous, I love them but if you don’t like them staff will always give you something else, but I always like my choice.”

Staff comments:

- “We always treat service users with respect and ensure they are given choice in everything they do.”
- “Service users are provided with choice in everything they do, they decide their activities, outings, meals, and all decisions are made by them.”

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, listening to and valuing service users and taking account of the views of service users and their representatives.

Areas for improvement

One area for improvement was identified during the inspection of this domain and related to maintaining a record of all service users meetings.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Strabane and District Caring Services provide two regulated services, the Day Care Setting and a Domiciliary Care Agency; the services are registered separately with RQIA.

Both regulated services were managed by Jacqueline Timoney the registered manager, with a named Responsible Individual. In October 2019 RQIA were notified that the responsible individual had resigned from the Domiciliary Care Agency, no such notice was received in regard to the day care service.

The overall management arrangements of the day care setting were discussed and the manager reported that the Responsible Individual had also resigned from the day care setting and that she was applying to become the Responsible Individual. The organisation must notify RQIA in writing of the change of Responsible Individual. The manager also reported they were having difficulty in recruiting a manager for the day centre, the inspector provided advice and guidance on the different options open to the day care setting. The manager was aware of the need to notify RQIA if there is a change of manager. A revised Statement of Purpose for the day care service detailing the management changes should be submitted to RQIA and is an area identified for improvement.

During the discussions with staff and observation of care and support provided to service user's it was noted staff demonstrated awareness of their roles, responsibilities and accountability. It was evident that the manager and staff understood their role and responsibilities under the legislation.

A review of governance records evidenced that staff had received individual, formal supervision at least quarterly. Staff expressed satisfaction with the support and guidance received from the manager and confirmed that the manager had an open door policy and was always available to them.

Staff gave positive feedback in respect of leadership and good team working, they confirmed they could access training as needed and were being encouraged to seek opportunities to learn new skills that the service users can benefit from. Staff stated they were happy in their job.

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

A complaints and compliments record was maintained in the day centre. There had been no complaints recorded since the previous inspection. A range of compliments in regard to the service were on file.

The inspector reviewed the monitoring arrangements to ensure compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Monthly and annual quality monitoring reports were completed by the registered provider and were available for inspection. These records showed that at appropriate intervals the care was monitored,

audited and reviewed in order to identify and act upon any improvements required. The monthly quality monitoring reports reviewed practices using a different theme each month which varied the focus. The reports did adhere to RQIA guidelines in relation to engagement with service users, staff and professionals, with positive feedback recorded.

The organisation has a range of policies and procedures found to be in accordance with those outlined within the minimum standards; it was noted that they are retained in an electronic format and available in hard copy manuals. Staff described how they access the day care setting’s policies and procedures.

The inspector discussed arrangements in place that related to the equality of opportunity for service users and the importance of the staff being aware of equality legislation and recognising and responding to the diverse needs of service users. The manager confirmed that this was addressed with staff through their training programme.

The inspector noted from service users individual records, staff training records, meeting records and from discussion that the day care setting had promoted service user involvement and person centred care planning. The inspection concluded effective communication; service user involvement; individualised risk assessment and disability awareness was particularly promoted in this day care setting.

Discussion with service users and staff provided evidence that they felt the care provided was well led.

Service Users’ comments:

- “This service is very well led; the manager speaks to us every day.”

Staff comments:

- “There is an open door policy and the manager keeps us informed.”
- “The service is well led.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to training opportunities, person centred care and maintaining good working relationships.

Areas for improvement

Two areas for improvement were identified with regards to the notifying RQIA of the change in regard to the Responsible Individual and amendments and submission of the statement of purpose to RQIA.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jacqueline Timoney, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 26 (4) (a) Stated: First time To be completed by: 28 February 2020	<p>The registered person shall ensure the fire risk assessment for the day care setting is reviewed in a timely manner.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Fire risk assessment was carried out on 20th January 2020. The registered person will ensure future risk assessments are completed within the recommended time frame.</p>
Area for improvement 2 Ref: 31(e) (iii) Stated: First time To be completed by: 28 February 2020	<p>The registered person shall inform RQIA in writing of the change of Responsible Individual.</p> <p>Ref: 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: The registered person has informed RQIA of the change in Responsible Individual.</p>
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 23.3 Stated: First time To be completed by: 28 February 2020	<p>The registered person shall ensure a competency and capability assessment for persons left in charge of the centre in the absence of the manager is completed.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: The registered person has implemented and completed a competency and capability assessment on persons left in charge of the centre in the manager's absence.</p>
Area for improvement 2 Ref: Standard 8.3 Stated: First time To be completed by: 28 February 2020	<p>The registered person shall ensure a record of all service users' meetings is maintained.</p> <p>Ref: 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: The registered person will ensure all discussions and meetings with service users are recorded and signed.</p>
Area for improvement 3 Ref: Standard 17.7 Stated: First time	<p>The registered person shall amend the statement of purpose in regard to the change of responsible individual and forward the revised copy to RQIA.</p> <p>Ref: 6.7</p>

To be completed by: 28 February 2020	Response by registered person detailing the actions taken: The Registered Person has amended the Statement of Purpose and will forward to RQIA as requested.
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