



The Regulation and  
Quality Improvement  
Authority

Copperfields  
RQIA ID: 11108  
25 Grove Hill Road  
Loughbrickland  
BT32 3NF

Inspector: Suzanne Cunningham  
Inspection ID: IN023148

Tel: 028 3083 5408  
Email: [eilis.hill@southerntrust.hscni.net](mailto:eilis.hill@southerntrust.hscni.net)

---

**Unannounced Care Inspection  
of  
Copperfields**

**29 October 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 29 October 2015 from 09.45 to 15.00. Overall on the day of the inspection the Day Care Service was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	3

The details of the QIP within this report were discussed with Eilis Hill (Acting Manager) as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mrs Paula Clarke	<b>Registered Manager:</b> Eilis Hill (Acting)
<b>Person in Charge of the Day Care Setting at the Time of Inspection:</b> Eilis Hill (Acting)	<b>Date Manager Registered:</b> 16 September 2014 (acting not registered)
<b>Number of Service Users Accommodated on Day of Inspection:</b> 10	<b>Number of Registered Places:</b> 20

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

**Standard 5 - Care plan: Where appropriate service users receive individual continence promotion and support**

## **Standard 8 - Service users' involvement: Service users' views and comments shape the quality of services and facilities provided by the Day Care Setting**

### **4. Methods/Process**

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- the registration status of the service;
- incidents notification which revealed two incidents had been reported to RQIA in the last twelve months;
- written and verbal communication received since the previous care inspection which revealed the rebuilding of the old premises located in Banbridge was nearly complete and a variation form has been sent to the trust;
- the Quality Improvement Plan (QIP) for the estates inspection undertaken on 29 September 2015, which reported no requirements or recommendations.
- The QIP for the last care inspection on 9 March 2015 which revealed three requirements and two recommendations had been made.

During the inspection, care delivery/care practices were observed by the inspector and a tour of the general environment took place. During the inspection the inspector met with ten service users and five service users completed RQIA inspection questionnaires. Four staff spoke with the inspector during the inspection and they completed inspection questionnaires. There was no visiting professionals or representatives/family members available for discussion during this inspection.

The following records were examined during the inspection:

- the day care settings statement of purpose and service user's guide;
- three service users' individual care records including care plans, assessments and review documentation;
- two complaints/issues of dissatisfaction;
- a sample of the settings monthly monitoring visit records (regulation 28) from July, August, September and October 2015;
- a sample of the settings incidents and accident records from January 2015 to October 2015;
- a sample of the supervision records for staff for the last twelve months;
- policies and procedures regarding standards 5 and 8.

### **5. The Inspection**

#### **5.1 Review of Requirements and Recommendations from Previous Inspection**

The previous inspection of the service was an announced estates inspection dated 29 September 2015. No requirements or recommendations were made.

## 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 9 (1) & (2)	<p>The responsible person must ensure a manager is appointed to manage this day care setting and the manager makes an application for registration with RQIA.</p> <p>The returned QIP should describe the process and timescales for complying with this regulation.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            The centre is preparing to move to their new purpose built premises, they hope to move before the end of 2015. The new premises will amalgamate a number of services including Copperfields and these will be managed by one manager who currently manages other day centres in the trust. The trust are in the process of submitting the variation regarding the move of the premises and the new manager will send an application for registration as manager of Copperfields by 26 November 2015.</p>	
	<p><b>Requirement 2</b>   <b>Ref:</b> Regulation 7</p>	
<p><b>Action taken as confirmed during the inspection:</b>            This had been completed and sent to RQIA with the QIP. The statement of purpose will be due for review again prior to the move to new premises and change of manager. The acting manager assured this will be sent to RQIA with the proposed variation.</p>		

<p><b>Requirement 3</b></p> <p>Ref: Regulation 28</p>	<p>The responsible person must ensure the regulation 28 reports describe the staffing arrangements when they are reduced or not compliant with the standards or regulations for the period that is being inspected. The reports should identify if staffing was reduced and assess if the staffing arrangements in place are effective and compliant with regulations and standards regarding the same. If improvements are required this should be identified in an action plan and monitored in future reporting.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspection included review of regulation 28 reports for August, September and October 2015. Each report examined staffing and the staff rota. The monitoring officer stated staffing had not fallen below a safe level since the last monitoring visit. This requirement has been addressed and has continued to be part of the regulation 28 reporting.</p>		

Previous Inspection Recommendations		Validation of Compliance
<p><b>Recommendation 1</b></p> <p>Ref: Standard 22.2</p>	<p>The responsible person should put in place appropriate measures to improve the provision of supervision for the staff in this setting, that is provide individual 3 monthly supervision meetings with staff in compliance with this standard.</p> <p>Improvements in place to achieve this recommendation should be recorded on the returned QIP.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The supervision given to staff did not comply with this standard. For example one staff member had one supervision meeting in February and the next one was August. Another staff member was supervised in October 2014 and the next one was August 2015. This had not been improved and is restated.</p>	<p><b>Not Met</b></p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 23.3</p>	<p>The responsible person should make appropriate arrangements to ensure a competency assessment is completed with the Band 5 to ensure they are competent to be left in charge and act up in the manager's absence.</p>	<p><b>Met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b> One assessment was reviewed and the assessment was discussed with the staff member. This confirmed the competency process had been improved and a record of competency was in place.</p>	
--	---	--

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

#### Is Care Safe?

There is a continence promotion policy and procedure in place which is in draft and dated August 2015. This is a comprehensive document that covers roles, responsibilities, where to access support regarding continence and protecting service users privacy, dignity and independence.

The inspection included review of three service users' individual records including their care plan, assessment information and review records. Two of the three service users' files contained needs assessment, risk assessments and care plans which had been kept under continual review and amended as changes had occurred. Documentation was appropriately signed by the service user and staff. One service user had commenced in May this year and the community social worker had not given the day centre sufficient information to complete the care plan, which should clearly detail the needs and preferences of the service user. The staff had made contact with the social worker and requested information, however this should have been in place prior to the service commencing. A requirement is made that service users do not commence in Copperfields until the appropriate documentation is provided to Copperfields to enable the care plan to be written. A recommendation is made that a review is held within four to twelve weeks of a service user commencing in this setting (depending on the number of days attending). The pre review consultation must be undertaken with the service user to clearly gather and record service users preferences, including how they are supported regarding their continence care.

Staff discussion revealed they are aware of the continence products service user's use and the use of Personal Protection Equipment (PPE) in the setting. One staff member described care practice and this did not reveal any concerns, the examples described were reflective of current infection control guidance. Review of staff training records and discussion with staff revealed they had not received training in continence promotion and a recommendation is made that this is delivered to all staff. Induction and staff training records showed staff had received training in infection prevention and control in June 2014. Emergency first aid at work in October 2015; and moving and handling June 2015.

The inspection included observations of the environment, this did not reveal any concerns regarding odour, location/storage of PPE and the storage of continence products, which was in keeping with infection control guidance.

Four staff completed RQIA inspection questionnaires and they stated they felt satisfied to very satisfied they had received mandatory training and appropriate training to meet the service users' needs. Two staff were satisfied and two staff were unsatisfied that the service users receive timely support from the multi-disciplinary team and the four staff were satisfied equipment is obtained in a timely manner. Two staff identified they felt very unsatisfied

regarding continence training received, as identified in this report a recommendation is made to improve this. Comments made were: "Training is provided for staff, mandatory training and what is needed at the time. Mental health training has been provided due to service users with mental health issues"; "I have not been trained in continence management however, I am aware that the assistant manager is seeking training for all staff"; "the environment is appropriate at this time, moving to a new build Jan 2016".

Five service users completed questionnaires with the inspector for this inspection. They reported they felt very satisfied they felt safe and secure in the day care setting and staffing levels are appropriate. Comments made were "Their all good". "I'm very happy in `Copperfields". "Everything is ok here". "The staff are willing in every way. They treat you with respect and make you feel welcome every day we come". All of the service users spoken with confirmed they know where the bathrooms are and can access them with or without support. Service users said the staff are brilliant and know what everyone needs. They feel their dignity is protected by staff and they said staff do ask them about their preferences. Staff were described as good listeners, supportive and superb.

In conclusion the individual care plans identified how individual continence needs are met and are being safely supported in this day care setting. The improvements identified will further improve practice in this regard.

### **Is Care Effective?**

The service users bring their own supplies of continence products and keep them in their lockers or in a bag with them. Discussion with staff provided assurance staff are aware of how to meet assessed needs in terms of continence promotion. There are adequate supplies of and ease of access to Personal Protective Equipment (PPE) for staff to use when supporting service users. Discussions with staff provided assurance they knew each individuals needs and were confident about meeting needs discretely and protecting service users privacy and dignity.

As described above, the staff had not received appropriate education and training in continence promotion and a recommendation is made in this regard.

Discussion with the service users confirmed they all felt they had been listened to, respected, valued; and their dignity, sense of worth and independence had been promoted by staff who had supported them.

The review of staff meeting records which were monthly from June to October 2015 revealed the staff had discussed inspection outcomes from other centres and information brought up during other inspections was used to reflect on and improve their own practice.

Five service users responded in RQIA inspection questionnaires they felt very satisfied that staff know how to care for them and respond to their needs. They commented "staff are more than good". "Staff are very helpful". "staff are very effective".

Four staff responded in inspection questionnaires they are satisfied they have access to supplies which support service users and access to PPE. Finally staff reported they have sufficient knowledge, skills and experience to support service users who attend the day centre. Staff commented "Service users provide their own continence products"; "a limited supply is held in the centre".

The inspection concluded care provided by staff is effective in promoting and supporting continence needs.

### **Is Care Compassionate?**

Overall this inspection provided evidence staff are knowledgeable regarding each individual service user's needs and how to meet those needs. This had been described using a person centred approach in the service users individual record. Discussion with staff and service users also provided assurance the staff use a person centred approach in practice which is underpinned by values such as promoting dignity, independence, choice; and protecting privacy which are required to deliver care and when meeting individual continence promotion needs.

Observation of staff interaction with service users showed how staff take time to listen to each individual and involve everyone in the group.

Four staff reported in the questionnaires that they felt very satisfied service users are afforded privacy, dignity and respect at all times; they are encouraged to retain their independence and make choices; they are satisfied they have time to talk to and listen to service users; and the care provided is based on service users' needs and wishes.

Five service users reported in the questionnaire's they felt very satisfied with the care and support they receive. Comments made were "staff are very compassionate, they go out of their way to help you with anything you need. Communication is good, were like a wee family". "All of the staff are very good"; "I feel very happy with everything".

The inspection concluded staff approached meeting service users' needs with compassion and ensured service users were given time to talk openly or privately.

### **Areas for Improvement**

Three areas for improvement were identified regarding the service users care plan - Where appropriate service users receive individual continence promotion and support:

1. One requirement is made that service users do not commence in Copperfields until the appropriate documentation is provided to Copperfields to enable the care plan to be written.
2. One recommendation is made that a review is held within four to twelve weeks (depending on the number of days per week they attend) of any service user commencing in this setting. The pre review consultation with the service user should clearly gather and record the service user's preferences; including how they are supported regarding their continence care.
3. One recommendation is made that the staff receive training in continence promotion.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>2</b>
-------------------------------	----------	--------------------------------	----------

## 5.4 Standard 8 - Service users' involvement: Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

### Is Care Safe?

During the inspection the inspector observed staff actively seek service users' and their representatives' views and incorporate these into practice, to ensure that choices, issues of concern, complaints or risks are recorded and acted on.

Service users individual documentation refers to social interaction, staff have described how to promote involvement and how to ensure communication is effective and person centred. Service users said they felt listened to and responded to by staff who are knowledgeable about them and their communication needs.

The inspection of the following documents were examples of service user's views shaping the quality of services and facilities provided by Copperfields. Service user's involvement was clearly documented in the three service user's records including care plans and review documentation. Service users meetings minutes were sampled for July, August, September & October 2015 which evidenced service users are encouraged to give their views, opinions and preferences regarding a range of matters from activities to the move to the new premises. Service user questionnaires had been given out and they generated some suggestions regarding activities and comments about staffing; which will be looked at during the move to new premises.

There are policies regarding:

- service users' meetings and forums
- service users' involvement in activities and events
- general communication arrangements including communications with carers and representatives
- safe and healthy working practices.

The inspection confirmed staff communicate effectively with service users and use this information to ensure care is safe and responsive to need.

### Is Care Effective

There is a range of methods and processes where service users' and their representatives' views are sought, recorded and include details of the action taken. Records inspected included three service users individual care plans, reviews, records of day to day communication, monthly monitoring visit reports, a sample of service user meeting minutes and service user questionnaires. Service users said they feel satisfied the staff have an open door and in meetings everyone is encouraged to talk. They said no one misses out attending a meeting because the meetings are held on different days, the minutes are on the service users board and they said anything else they need to know can usually be found on the board.

Service users said the staff encourage them to participate in decisions about the care and services they receive. Service users described staff as good listeners and ask them for their preferences.

Discussion with staff confirmed they have a good knowledge base regarding each individual service user's needs and are clear regarding their role in protecting a service user's dignity and privacy. Staff are very clear they must respect each service user's choices and preferences and protect service users when meeting their needs.

The inspector observed staff informing service users that the inspection was taking place and service users were encouraged to speak to the inspector throughout the day, they openly gave their views about the standard of care delivered and the conduct of the Day Care Setting to the inspector.

There are policies regarding:

- inspections of the day care setting
- consent
- listening and responding to service users' views
- management, control and monitoring of the setting
- quality improvement
- complaints.

### **Is Care Compassionate?**

The service users in this setting stated to the inspector they feel they are listened and responded to by staff that they felt were knowledgeable about them including their communication needs. This inspection agrees with this opinion. The inspection included observation of staff listening to service users, taking time to hear what service users are saying and giving them encouragement to express how they feel.

Five service users completed questionnaires for this inspection and they stated service users are very satisfied that their views and opinions are being sought regarding the service. Comments made were: "staff ask us about activities, everyone has been asked about the new centre and everyone likes giving a helping hand", "the dinners are very good".

Four staff questionnaire's stated they were very satisfied regarding the following questions: service users are involved in and are given opportunities to influence the running of the centre; systems are in place to seek service users views; and ensure management action service users' suggestions, issues or complaints. Service users had been kept informed regarding any changes. One staff member wrote "Service user meetings are held monthly. Suggestion box in the hall".

In conclusion this inspection confirmed the staff use a compassionate approach to gather service users views, opinions and preferences.

### **Areas for Improvement**

No areas of improvement were identified regarding service users' involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting:

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
-------------------------------	----------	--------------------------------	----------

## **5.5 Additional Areas Examined**

### **5.5.1. Monthly monitoring visits (Regulation 28 reports)**

Monitoring reports were sampled for July, August, September and October 2015. Since the last inspection the monitoring officer has changed and the visits had been carried out monthly. The reports showed evidence of consultation with service users, monitoring of service user meetings, service users' individual records were sampled, the staff rota was examined, the training, incidents, complaints, health and safety, inspections and action plans were sampled and commentary of the discussion with staff was recorded. The monitoring reports provided evidence of improvement and no further improvements were identified.

### **5.5.2. Service user files:**

The inspector reviewed three individual service user records which were kept in individual indexed files. They contained evidence of assessment; care planning documentation; activity records; risk assessment; review documentation and minutes. The review of these files did identify one service user required an assessment and review. Improvements are stated in this regard in the QIP.

## **6. Quality Improvement Plan**

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Eilis Hill, acting manager as part of the inspection process. The timescales commence from the date of inspection.

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

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

### **6.1 Statutory Requirements**

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

### **6.2 Recommendations**

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

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 15  <b>Stated:</b> First time  <b>To be Completed by:</b> 24 December 2015	<p>The registered persons must ensure following this inspection no further service users commence in Copperfields Day Care Setting until the appropriate documentation including the assessment is provided to Copperfields so the care plan can be written.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>            The Social Work team leader for Physical Disability service user referrals to Copperfields has been advised by e-mail (09-11-15) that no further service users can commence day care placement until all documentation including assessment and initial care plan have been received in advance and pre-admission meetings have taken place..</p>
<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 22.2  <b>Stated:</b> Second time  <b>To be Completed by:</b> 24 December 2015	<p>The responsible person should put in place appropriate measures to improve the provision of supervision for the staff in this setting, that is provide individual 3 monthly supervision meetings with staff in compliance with this standard.</p> <p>Improvements in place to achieve this recommendation should be recorded on the returned QIP.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>            All supervisors at Copperfields have been reminded by the registered Manager of their requirement to carry out individual staff supervision as per this recommendation - three monthly.            The registered manager has instructed supervisors to forward supervision details to her and this information will be recorded on a central data base which she will review monthly to ensure full compliance.</p>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 5  <b>Stated:</b> First time  <b>To be Completed by:</b> 24 December 2015	<p>The registered person and manager should have appropriate arrangements in place for the initial review of service users placement to be held within four to twelve weeks of commencing the placement. Prior to the review meeting the pre review consultation with the service user should clearly gather and record the service user's preferences; including how they want to be supported regarding their continence care. The returned QIP should detail the arrangements in place to improve the review in this regard.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>            The registered manager has advised all Day Care Workers with service user responsibility of the need to ensure compliance with this recommendation. The Social Work team leader for Physical Disability service user referrals to Copperfields has also been advised of this recommendation by e-mail (09-11-15).</p>

	<p>Additional sections have been added to the Copperfields pre-review questionnaire (consultation) for service users -          'Please tell us how you wish us to support you with your continence management'.          'Please tell us, what type of activities and programmes you would like to participate in'.</p>
<p><b>Recommendation 3</b>  <b>Ref:</b> Standard 21.4  <b>Stated:</b> First time  <b>To be Completed by:</b>          24 December 2015</p>	<p>The registered person should ensure staff receive training in continence promotion. The returned QIP should detail arrangements made to provide this training for staff.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>          Continence Awareness training has been arranged for the combined care staff teams of –</p> <p>Banbridge SEC. Reg no – 10745 and,          Copperfields Day Centre - Reg no - 11108</p> <p>for Monday 11h January 2016 from 3-00.p.m. until 4-30.p.m. at the Banbridge SEC site. We intend to cover - the range of continence products available, how to use them correctly, frequency of changing required, maintaining an individual's dignity, and other important information as shared by the trainer on the day.          The Trainer will be Diane Kerr - Continence Nurse Specialist.</p>

<b>Registered Manager Completing QIP</b>	Eilis Hill	<b>Date Completed</b>	14-12-15.
<b>Registered Person Approving QIP</b>	Paula Clarke	<b>Date Approved</b>	15.12.15
<b>RQIA Inspector Assessing Response</b>	Suzanne Cunningham	<b>Date Approved</b>	16 December 2015

*\*Please ensure this document is completed in full and returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\**