

Unannounced Care Inspection Report 29 January 2019



Lurgan Road Day Care Services

Type of Service: Day Care Setting
Address: 76 Lurgan Road, Portadown, BT63 5QR
Tel No: 02838392170
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

This is a Day Care Setting with maximum of 30 places for service users who receive day care and day time activities for adults living with a learning disability. The daily activities are delivered in two buildings on the same site and is open Monday to Friday. Closure takes place during statutory holidays. Further information on the day care service is reflected within the service user guide and statement of purpose.

3.0 Service details

Organisation/Registered Provider: Praxis Care Group Responsible Individual: Mr Andrew James Mayhew	Registered Manager: Mrs Vanessa Coulter
Person in charge at the time of inspection: Mrs Vanessa Coulter	Date manager registered: 11 May 2010
Number of registered places: 30	

4.0 Inspection summary

An unannounced inspection took place on 29 January 2019 from 9.30 to 15.30.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing arrangements; staff induction; training; knowledge regarding adult safeguarding and restrictive practices; risk management; care records; reviews; communication between service users, staff and key stakeholders; the culture and ethos of the day care setting; listening to and valuing service users; taking account of the views of service users; governance arrangements, management of complaints and incidents; quality improvement and maintaining good working relationships between staff and managers..

Service users said: "I really enjoy coming here"; "staff listen to what you have to say"; "I am very safe here", "I enjoy the baking," "We all get on here."

Two areas requiring improvement was identified during the inspection and related to improving the over-all cleanliness of the centre and ensuring restrictive practices are specifically reviewed.

The findings of this report will provide the establishment 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	0

Details of the Quality Improvement Plan (QIP) were discussed with Vanessa Coulter, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 22 November 2017

No further actions were required to be taken following the most recent inspection on 22 November 2017.

5.0 How we inspect

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

- record of notifications of significant events
- record of complaints
- the previous inspection report on 22 November 2017
- the RQIA log of contacts with, or regarding Lurgan Road Day Centre

During the inspection the inspector met with:

- seven service users in a group setting
- three service users individually
- the registered manager
- four members of staff

Staff were provided with ten questionnaires to distribute to service users or their relatives for completion. The questionnaires asked for service users and/or their relatives views on the service and requested their return to RQIA. No completed questionnaires were returned to the inspector within the timescales for inclusion in this report.

The registered manager was requested to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision. No responses were returned within the timescale for inclusion in this report.

A “have we missed you” card was left for display in the front entrance, to allow service users or relatives who were not available on the day to give feedback to RQIA regarding the quality of service. No responses were received. In addition a range of RQIA information leaflets were also left for information.

The following records were examined during the inspection:

- Care records for four service users, including assessments, care plans and review reports.
- Four service users agreements.
- Progress records for four service users.
- Monitoring reports for the months of November, December 2018 and January 2019.
- Records of two staff meetings held in November and December 2018.
- Minutes of service users' meetings for January 2019, November and October 2018.
- Selected training records for staff, including staffs' registration with NISCC.
- The Statement of Purpose.
- Service User Guide.
- Staff duty rotas for December 2018 and January 2019.
- Safety records, including fire risk assessment.
- Record of notifications of significant events.
- Accident and incident records.
- Record of complaints.
- Audits completed.

There were no areas of improvement identified at the last care inspection 22 November 2017.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 22 November 2017

The most recent inspection of the establishment was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 22 November 2017

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

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Lurgan Road Day Centre is managed by the registered manager who is based within the setting; the registered manager is assisted by a team of care staff. Care staff are also responsible for driving the bus, transporting service users to and from the day centre, in addition they also undertake cleaning duties.

On the day of inspection it was observed sufficient numbers of staff were on duty to meet the needs of the service users. The duty roster along with care records were examined and discussion with staff and service users established staff were sufficiently qualified, competent and experienced to meet the assessed needs of the service users.

The records of identified staff left in charge of the centre in absence of the registered manager were examined and confirmed that a competency and capability assessment had been completed. The inspector spoke to a day care worker who assumes responsibility for the centre in the absence of the registered manager and they confirmed they were willing and capable to act up as and when required.

An induction programme is in place for all grades of staff within the centre appropriate to specific job roles. Records examined confirmed a comprehensive induction was undertaken with each new member of staff. A staff member who had previously worked in another area of the Praxis organisation spoke of her induction and verified that the programme had assisted her to fully understand her role and responsibilities within the day care setting. Records examined were found to be dated and signed by the relevant persons.

Discussions with staff confirmed that they had access to a mandatory training programme to support them in meeting the roles and responsibilities of their job. A review of the staff training records provided evidence that all training was up to date and that staff had attended a range of additional training. Staff spoke enthusiastically about the training opportunities provided, with one staff member describing training as “excellent, Praxis encourages you to develop professionally and if you have a specific interest they will encourage it.”

The arrangements in place that identify and manage risk were inspected; there had been no reportable accidents recorded in the period since the previous care inspection, records viewed established that the last recorded incident was dated 19 December 2108 and had been managed appropriately.

A review of the settings policies confirmed there was a policy and procedure on restrictive practice in keeping with DOH Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberty Safeguards (DoLS).

The restrictive practice records were examined. These records included the service user's care plans and detailed behaviour management interventions that may be restrictive or incorporate restraint, this included those service users who were assessed as requiring the support of a staff member (1-1). It was noted that an assessment of the individual service user's rights and the potential impact on their independence had been undertaken. The records provided information on the intervention required for staff to manage the behaviour, clear guidance on the circumstances when the restriction should be used and was signed by day care staff and professionals involved in the decision making process. This record and service user's individual assessments and care plans assured the use of restrictive practice had been appropriately assessed, risks minimised, and all interventions documented. It was noted that care reviews were held regularly however the need for continued use of restrictive practices were not specifically reviewed and is an area identified for improvement. Management must ensure any restrictive practice is imposed for no longer than necessary and that each person has a restrictive intervention reduction programme in place.

Service users were observed on their arrival to the centre, throughout the day and on their departure, it was noted that staff intervened in a timely manner and responded to everyone in a quiet, respectful manner. Staff described how some service users' required constant supervision and the importance of knowing individual's needs, preferences and choices. This information enabled them to identify triggers that might impact on behaviours and respond effectively. The need for good timely communication was highlighted by staff and they detailed how the daily handovers, daily notes and good teamwork promoted effective communication.

Staff records and discussion with staff on the day provided evidence that staff had the knowledge, skill and understanding to provide safe and effective care to the service users within this setting.

The registered manager confirmed there were no current adult safeguarding investigations within the day care setting and was clear about her role and responsibility in the event of such an incident.

In discussion with the staff team it was evident that safeguarding procedures were understood, and staff confirmed that practice throughout the centre was of a high standard and that they were trained to respond professionally in all situations. Safeguarding training had been provided for all staff in the training programme for 2017-2018. Service users' rights and feelings, and the methods available to them of raising a concern or making a complaint were set out in the Service User Guide and in the centre's Statement of Purpose. There had been no complaints in the service since the last inspection.

The registered manager and other staff members, who met with the inspector, confirmed that they have confidence in the practice of all members of the staff team and expressed their determination to promote safe practice and, if necessary, to report unacceptable practice. All staff members expressed strong commitment to their work and confirmed that the work is enjoyable and rewarding. There was evidence that staff had been trained appropriately for their specific areas of responsibility.

Observation of the environment was undertaken during a walk around the day care setting, this confirmed that the environment was warm, and had suitable lighting. Fire exits and walk ways were clear and free from any obstructions. Infection prevention and control measures were in place. It was observed that the toilets in the centre were in need of cleaning, woodwork was grubby and hand rails were found to be rusty, overall the general cleanliness of the day centre required improvement.

It was noted that staff adhered to safe fire practices and records examined confirmed that a number of safety checks had been undertaken including fire safety drills to ensure service users could exit safely, regular checks on firefighting equipment was also undertaken. A fire risk assessment was in place and up to date. The registered manager confirmed any recommendations had been addressed.

Discussion with staff with regards to the provision of safe care revealed the following comments:

Staff comments:

- “I have every confidence in the staff team, we all need to work together and recognise when our colleagues needs help, sometimes our work is very intense and you might need a break.”
- We have good management support and great training”. I am proud of the way we work here.”
- “Good communication is the key and having the confidence to say how you find things working”.

Ten satisfaction questionnaires were given to the staff for distribution to service users and relatives/representatives. No questionnaires were returned within the timescales for inclusion in this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care documentation, risk assessment and management, fire safety, staff training, staff supervision, adult safeguarding and service user involvement.

Areas for improvement

Two areas for improvement was identified during the inspection and related to improving the over-all cleanliness of the centre and ensuring restrictive practices are specifically reviewed.

	Regulations	Standards
Total number of areas for improvement	2	0

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's guide was reviewed and revealed the documents accurately reflected the elements set out in the regulations and standards. A copy of the statement of purpose had been submitted to RQIA following the previous inspection dated November 2017.

A review of four service users' individual care records confirmed that these were maintained in line with legislation and standards. The records included referral information, a service user agreement, an up to date assessment of needs, including a range of risks assessments relevant to individual abilities or disability. Care plans set out each service user's needs in detail, along with objectives for each person's care and the actions required to meet the agreed outcomes.

Records were maintained of each service user involvement and progress at the centre. Entries were made in response to the significance of events and were in keeping with the frequency specified by the minimum standards. Records of annual care reviews for each service user demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. A written review report was available in each file examined and included the views of the service user and was informed by the written progress notes. A record of the contact and involvement of families and professionals was maintained. Records examined were signed and dated. There was evidence of continuous improvement in the care planning and delivery process and the registered manager detailed the audits undertaken of care documentation.

During discussions staff revealed that they felt care provided to service users within the setting was effective. They 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. Staff discussed the systems in place to ensure any updates or changes in service users' needs were discussed and shared as necessary.

The discussions with staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting. There was evidence that day care staff consulted with the multi-disciplinary team, in a proactive, timely and appropriate manner.

The Statement of Purpose and Service User Guide provided information on how to make a complaint and the importance of ensuring service users' opinions and feedback is heard and appropriate action taken.

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 were maximised.

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

Staff comments:

- “We know our service users and actively encourage them to participate in activities.”
- “I believe we deliver care that is both effective and necessary.”

Service User comments:

- “I know what is in my care plan and know what I have to do, sometimes I don’t do things but staff help me until I feel I can do it again myself.”
- “The staff help me here, they listen to you and they hear what you are saying. “
- “I get to try different things so that I can see what I want to do”.
-

During the inspection four members of staff in total were interviewed and all expressed very positive views on the quality of service provided and on the confidence they had in the practice of their colleagues.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to referral information, risk assessments, care plans and care review, audits of records, communication between service users, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

Total number of areas for improvement	0	0
--	---	---

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

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

Discussions with service users and staff and observation of care during the inspection showed that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the day centre. Staff interactions with service users were observed to be cheerful, compassionate, caring and timely, with staff providing clear information, using appropriate language and demonstrating active listening skills.

Staff were observed on numerous occasions, offering service users choice regarding activities, where they wished to go or food and drink choices. It was apparent that service users were familiar with staff as they appeared relaxed and comfortable in their surroundings and interactions. There was genuine warmth in the engagement by staff with service users and staff spoken with were knowledgeable regarding service users likes, dislikes and individual preferences.

The inspector confirmed that service users were enabled and supported to engage and participate in meaningful activities, which had been assessed as appropriate for each service user based on their needs and goals. In discussions with several service users, they were able to identify how activities were based on their individual choice or what had been agreed as a group activity. Several service users expressed that they could decide not to participate in activities and were able to provide examples of when they didn't want to attend or participate in a particular event. Activities are based on community inclusion and a group of service users attended the local college in the morning and in the afternoon went to the leisure centre. Several service users are involved in the baking company who supply the local area with biscuits. One service user who was baking on the day of inspection spoke of her pride in the finished product and seeing them for sale. Another service user spoke of a presentation they had given to student nurses and was very involved in the Praxis Advocacy Learning and Support Group (PALS). There was evidence from discussion with service users that staff successfully motivate and stimulate them to participate in a range of activities that have positive outcomes for their health and well-being.

Staff described the informal arrangements in place that ensured service users are consulted on a daily basis and their views and opinions sought. More formal arrangements to promote effective communication with service users and/or their representatives were facilitated through initial and annual care reviews and quarterly service user meetings. A sample of the minutes of these meetings were reviewed and provided evidence of service user involvement in the decision making process.

Evidence of additional opportunities for service users and their carers to express their views was contained in the annual satisfaction survey undertaken in September 2018, the registered manager reported that the annual report for 2018-2019 would be completed by 31 March 2019 and confirmed that the report and findings would be available for all interested parties. A review of the records of the monthly monitoring visits found that the views of service users were sought and were reflected in the report of the visit.

There were measures in place that confirmed all service users, irrespective of their needs were supported and encouraged to have equal opportunity for access to meaningful activities and engagement with others. It was encouraging to note the range of information available to service users and their cares. On the day of inspection, leaflets on various topics was displayed throughout the centre.

Discussion with service users with regards to the provision of compassionate care included the following comments:

- "I enjoy coming here, always lots to do."
- "Staff are really good to us."
- "I know that they (staff) will listen to what I have to say."
- "I like the sports centre, it is good to play different games."

In discussion at lunch time service users confirmed they enjoyed their meals, staff were noted to supervise and assist service users in a sensitive discreet manner.

Ten satisfaction questionnaires were given to the registered manager for distribution to service users and relatives/representatives. No questionnaires were returned within the timescales for inclusion in this report.

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, facilitating service users' involvement in activities, community inclusion and the maintenance of records.

Areas for improvement

No areas for improvement were identified during the inspection within this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The inspector assessed the setting's leadership, management and governance arrangements to ensure they were meeting the needs of service users. The day centre is managed on a day to day basis by the registered manager who is supported by a team of support staff. There was a clear organisational structure and this information was outlined in the setting's Statement of Purpose.

During discussions with staff they demonstrated awareness of their roles, responsibilities and accountability. Positive feedback was provided by care staff in respect of leadership they received from the registered manager and senior management team. Staff also spoke of good working relationships within the team. Staff confirmed that if they had any concerns or suggestions they could raise these with the management team. Staff discussed their knowledge of the whistleblowing policy and the action they would take if they could not resolve their concerns locally, however they stated this would be unlikely due to the transparent working relationships that existed within the team. From the discussions with staff it was evident they enjoyed working in the day care setting and with their colleagues.

Discussion with the registered manager and day care workers confirmed that they had a good understanding of their role and responsibilities under the legislation. The registration certificate was up to date and displayed appropriately.

The day care setting had a range of policies and procedures in place to guide and inform staff, these are also available to staff electronically. A sample of policies and procedures reviewed on the day of inspection revealed that they had been reviewed within the timescales outlined in the minimum standards.

A review of staff supervision records identified that staff were in receipt of formal supervision on a quarterly basis and annual appraisals had been completed. Staff consulted on the day confirmed that supervision was supportive and expressed that "it helps you discuss your key clients and also confirms when you are doing well, really supportive."

The complaint records maintained by the day care setting evidenced that there had been no complaints since November 2014. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the registered manager.

There was evidence that regular staff meetings were held and records of the meetings were maintained. The record included the names of staff in attendance and agenda items. Relevant information was discussed regarding the needs of service users, forward planning and the arrangements to ensure the delivery of safe and effective care.

The inspector discussed the measures in place in relation to promoting equality of opportunity for service users and the importance of staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The registered manager discussed the ways in which staff development and training enabled them to engage with a diverse range of service users. It was confirmed that no issues regarding equality had been raised by service users to date.

Some of the areas of equality awareness identified during the inspection included:

- effective communication
- service user involvement
- equal care and support
- individual person centred care
- individual risk assessment

The day centre had collected equality data on service users such as; age, gender, race, disability, marital status via their referral information. A range of policies and guidance was in place to direct and guide staff.

There were arrangements in place to ensure staff are registered with the relevant regulatory bodies of the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates were maintained. It was confirmed that staff were aware that a lapse in their registration would result in the staff member being unable to work within the centre until their registration was suitably updated.

The inspector confirmed there were arrangements and evidence in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. A range of audits are undertaken weekly and monthly and were available for inspection. These included health and safety audits, audits on care records, staff training, supervision, NISCC registration. The registered manager reported the organisation were introducing a cleaning audit globally and it would replace the cleaning schedules.

As previously stated in section 6.4 the arrangements for cleaning the day centre on a daily basis requires improvement.

The Regulation 28 monthly quality monitoring visit reports were available for inspection; these were mainly unannounced visits. Three quality monitoring reports were sampled for November 2018 and January 2019 were found to be satisfactory. The reports adhered to RQIA guidelines and evidenced engagement with service users, staff and professionals, with positive feedback recorded. Issues, actions and progress were brought forward from the previous monthly quality monitoring reports enabling improvements to be clearly identified.

Ten satisfaction questionnaires were given to the registered manager for distribution to service users and relatives/representatives. No questionnaires were returned within the timescales for inclusion in this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, staff support systems, annual satisfaction surveys, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 26 (2)(d) Stated: First time To be completed by: 31 March 2019	<p>The registered person shall ensure that all areas within the day care setting are clean and that the general cleanliness of the day centre is maintained at all times.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A cleaning company has completed a deep clean of the centre and have been contracted on a weekly basis. This will be additional to daily cleaning by staff. A monthly environmental audit has also been introduced to audit cleanliness, H&S and maintenance.</p>
Area for improvement 2 Ref: Regulation 14 (4) Stated: First time To be completed by: 31 March 2019	<p>The registered person shall ensure any restrictive practice is reviewed and imposed for no longer than necessary and that each person has a restrictive intervention reduction programme in place.</p> <p>Ref. 6.4</p> <p>Response by registered person detailing the actions taken: Restrictive practice will continue to be reviewed by the multidisciplinary team at annual review. Within scheme, the manager/ team leader will review and record in monthly synopsis reports any occasions whereby it has been deemed necessary to have the restrictive practice in place, to promote health and safety to the client. Manager and head of operations will review monthly reports to ensure restriction is only in place when absolutely necessary and for no longer than necessary.</p>

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)