

Unannounced Care Inspection Report 28 February 2017



Lurgan Road Day Care Services

Type of service: Day Care Service
Address: 76 Lurgan Road, Portadown, BT63 5SG
Tel no: 02838392170
Inspector: Suzanne Cunningham

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Lurgan Road Day Care Services took place on 28 February 2017 from 10.45 to 16.00 (hours).

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The inspection of staff records, duty rotas, training; observations of the care; discussions with service users and staff provided evidence the care delivered was avoiding and preventing harm to the service users in the setting and in the community and aimed to help individuals to improve their potential future outcomes.

Overall the inspection of “Is care safe?” concluded the minimum standards inspected were met. One improvement was identified regarding evidencing the competency of the staff who act up in the managers absence.

Is care effective?

The inspection of service users’ individual care records, discussion with the service users, and staff concluded care was being delivered at the right time, in the right place, and with the best outcome. Individual care needs had been assessed and plans were in place to meet assessed needs.

Overall the inspection of “Is care effective?” concluded the minimum standards inspected were met. One area for improvement was identified regarding improving the frequency of service user’s annual review of their day care placement.

Is care compassionate?

The inspection of records, observations of practice and discussions with staff and service users revealed that service users were being treated with dignity and respect and they were encouraged by staff to be involved in decisions affecting their care and support.

Overall the inspection of “Is care compassionate?” concluded the minimum standards inspected were met. No areas for improvement were identified during this inspection.

Is the service well led?

The discussion with staff and service users regarding the management arrangements in place and their effectiveness revealed staff were clear regarding their roles and responsibilities and who they were managed by. Documents and records demonstrated there were clear arrangements in place to promote quality improvement throughout the setting.

Overall the inspection of “Is the service well led?” concluded the minimum standards inspected were met. No areas for improvement were identified during this inspection.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Charlene Lavery, Team leader, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 17 September 2015.

2.0 Service details

Registered organisation/registered person: Praxis Care Group/Mr Andrew James Mayhew	Registered manager: Mrs Vanessa Coulter
Person in charge of the service at the time of inspection: Charlene Lavery	Date manager registered: 11 May 2010

3.0 Methods/processes

Prior to inspection the following records were analysed:

- The registration details of the day centre
- Information and correspondence received from the registered manager and Praxis care group
- Incident notifications which revealed four incidents had been notified to RQIA since the last inspection
- Unannounced care inspection report 17 September 2015.

During the inspection the inspector met with:

- The Team Leader
- Two care staff

- Four service users.

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. Two were returned by service users, three by staff and one by a relative.

The following records were examined during the inspection:

- Three service users' care files
- A sample of service users' daily records
- The complaints/ issue of dissatisfaction record from April 2015 to February 2017
- A sample of incidents and accidents records from September 2015 to February 2017
- The a sample of the staff rotas from January to March 2017
- Records of meetings with service users in June, September and December 2016 & January 2017
- Staff meetings held between October 2016 to January 2017
- Staff supervision dates for 2016
- Monthly monitoring reports from November 2016 to January 2017
- Staff training information for 2016
- A sample of policies and procedures relevant to safe, effective, compassionate and well led care
- Statement of Purpose
- Service Users Guide.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 17 September 2015

The most recent inspection of the service was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the inspector at the next care inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 17 September 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 26 (2)(b) (c) Stated: First time	The registered person must ensure that the premises to be used as the day care setting are of sound construction and kept in a good state of repair externally and internally.	Met
	Refers to, but is not limited to, the broken toilet seat and mirror in the male toilet.	
	Action taken as confirmed during the inspection: Inspector confirmed the above matters had been improved at the time of inspection.	
Requirement 2 Ref: Regulation 26 (2) (i) Stated: First time	The registered person must ensure that there is suitable storage provision for the purposes of the day care setting.	Met
	Refers to, but is not limited to the storage of continence products and personal protection equipment in the male toilet.	
	Action taken as confirmed during the inspection: Inspector confirmed the above matters had been improved at the time of inspection.	
Requirement 3 Ref: Regulation 31 (h) Stated: First time	The registered provider must write to RQIA; without delay regarding the use of unit six. RQIA must be informed if unit 6 will be used to provide day care. If it will be used to provide day care an application must be made to register unit six or an application to vary the current registration of Lurgan Road must be made to add unit six to the current registration with updated plans and statement of purpose.	Met
	Action taken as confirmed during the inspection: Inspector confirmed the variation was received by RQIA and the additional unit was added to the registration of Lurgan Road.	

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 21.4 Stated: First time	The registered manager should arrange training for the staff team in the area of continence promotion. The training should complement the settings policy and procedure for continence support and promotion.	Met
	Action taken as confirmed during the inspection: The training record and discussion with staff confirmed the staff who provide support for service users regarding their continence needs had received training in this regard.	

4.3 Is care safe?

The staff rota was reviewed from September to the date of the inspection; the details were recorded in a rota sheet that showed the date, the staff on duty, their hours, and who was in charge. Daily allocation of duties was also recorded including who was covering each part of the service, staff providing specific caring tasks and those on training.

The staffing numbers and allocation of staff to roles and responsibilities was discussed with staff on duty during the inspection. The staff described who was in charge and the discussion provided assurance the service users' needs in the setting had been met. Specifically the staff identified the consistent staff team as key to safety because the staff team knew each other's skills and strengths as well as the service users' needs. The staff said they provide a predictable routine for the service users which included activities that were based on their needs and preferences.

Three staff files including one team leader record were examined. A competency assessment had not been completed with the team leader who was in charge on the day of the inspection. A competency assessment should be completed to provide assurance that the staff member has the skill, knowledge and experience to act up in the manager's absence. Discussion with the team leader revealed they were a qualified social worker, had prior experience of acting up in the managers role and were informed regarding their role and responsibility when in charge. This inspection did not reveal any safety concerns regarding the acting up arrangements on the day of the inspection however a recommendation is made to ensure competency is formally evidenced for all staff who may act as manager.

Observation of care, the discussion with staff and service users; and inspection of the staff rota provided evidence there was sufficiently qualified, competent and experienced persons working in the centre to meet the assessed needs of service users on the day of the inspection. The staff distribution arrangements across the setting took into account the size and layout of the premises, the number of service users and the support needs; including one to one care.

The induction programme was discussed with the team leader and staff on duty. This revealed the induction was relevant for all grades of staff and included analysis of competency to identify training or additional mentoring that may be required.

During the inspection the staff detailed arrangements in place if they needed to seek support or advice; this ranged from daily discussions with the team, supervision with their senior to discussion with the registered manager. They revealed the manager promotes improvement of safety in the setting by bringing the standards to meetings to promote improvement in all areas of day care; she enables staff to undertake their roles and responsibilities in a safe way by allocating specific roles and tasks; promotes training opportunities; and she shares the monthly management report with staff so they are aware of the reportable matters and prevention of reoccurrence.

The incident and accident records were inspected. They detailed a range of accidents and incidents. The notifications received by RQIA were cross referenced with a sample of the centres records; this did not identify any concerns. It was noted in each example inspected there was clear analysis of the event, follow up completed and some analysis of how to prevent reoccurrence.

There was a range of systems in place to ensure that unnecessary risks to the health, welfare and safety of service users were identified, managed and where possible eliminated. For example the buildings had been kept clean and tidy; hand hygiene was promoted using notices and resources. Staff described measures they had put in place to ensure care was safe, such as informing service users regarding their own safety, promoting good hygiene practices, involving service users in fire evacuations, assisting service users to manage their independence and help them to identify risks. Staff identified they had undertaken health and safety checks, and maintenance checks in the environment,

The day care setting's fire safety records were viewed for 2016. The fire risk assessment was not due for review until June 2017 and fire drills had been undertaken regularly, the last was in August 2016. No outstanding issues for concern were identified in the inspection of these records.

Discussion with service users across the settings provided evidence that staff had discussed their safety in day care and personal safety with them. They had discussed safe choices, safe behaviours, safety in the community and safety generally in the day care setting. Service users said the staff helped them to keep safe when they were in day care and they could talk to staff if they had any concerns. One service user had completed fire safety and first aid training through the day care setting. Another service user commented there was enough staff to meet their needs.

Two service users returned questionnaires to RQIA regarding this inspection. They stated they were very satisfied with the safe care in the day centre. They felt safe in the setting; they could talk to staff if they were unhappy, the setting is comfortable, they could tell someone if they were worried about someone being treated badly and they knew what to do if the fire alarm sounded.

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

Three members of staff returned questionnaires to RQIA post inspection. They stated they were very satisfied with the safe care in the setting. They identified the care was safe because they had received training to care for service users safely, there were risk assessments and care plans in place for service users, they would report bad practice and they receive support to fulfil their roles and responsibilities.

Areas for improvement

One improvement was identified regarding evidencing the competency of the staff who act up in the managers absence.

Number of requirements	0	Number of recommendations	1
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4.4 Is care effective?

The inspection of three service users' individual care records provided evidence that the day care setting had effectively planned to meet the assessed needs of the service users. Observation of care showed the care plans were being put into place by staff that were encouraging and knowledgeable regarding each individual service user. The staff were observed engaging the groups and individual service users in activities. The care plans inspected clearly described the service user's needs including clear descriptions of how behaviour and risk should be managed for each individual.

The care records inspected had been maintained in line with the legislation and minimum standards. There was evidence care records had been updated and reviewed by service user's keyworkers in a timely manner or following a meeting. However, the staff identified individual's annual review of their day care placement had been delayed due to the trust staff not being available to hold reviews of care. Praxis Care must put in place appropriate measures to improve their compliance with the service users' individual annual review of their care. This is to ensure care needs are current and outcomes are reviewed to ensure they remain relevant and current for each individual service user. A recommendation is made in this regard.

The care records inspected showed there was multi-professional input into the service users' health and social care needs assessment. For example behaviour specialists, speech and language professionals and other medical professionals had contributed to assessing needs and formulating the care plan.

Discussion with staff provided assurance they knew each individual's needs and plan. Staff described they aim to assist service users to be able to take part in activities, develop skills and undertake tasks that they have shown an interest in. What service users do in day care is planned and based on promoting service users independence and abilities. Staff said they had adapted programmes and plans to service user's choices, preferences and behaviour on the day. Staff were confident they could respond proactively or react appropriately regarding needs and behaviour due to the quality of the information they had recorded for each individual service user.

Discussion with service users about what they were doing in each of the settings provided assurance they knew what activity they were taking part in and the choices available to them had been explained. They said they day care setting was "safe, homely and friendly". A "good day centre" and they were "happy". The service users knew the staff wrote a plan to help them care for them and knew they help staff write the plan so they can care for them effectively.

Two service users' questionnaires stated they were very satisfied with the effective care in this setting. They identified they were getting the right care at the right time, staff communicate well with them, their choices were listened to, they choose the activities they take part in and have been involved in the annual review of their day centre placement.

One relative's questionnaire identified they were very satisfied with the effective care in this setting. Their relative gets the right care, at the right time, in the right place. They also identified they were satisfied with communication with staff, their awareness of their relatives' needs, preferences and choices and that these were incorporated into the care they receive and that they were involved in their relative's annual review.

Three staff questionnaires identified they were very satisfied with the effective care in this setting. The service users were involved in their care plan; care plans inform the care provided; monitoring of quality was in place and that staff respond to service users in a timely manner.

Areas for improvement

One area for improvement was identified regarding improving the frequency of service users' annual review of their day care placement.

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

This day centre meets the needs of service users who have a learning disability, some who could take part in activities with little staff support; other service users required a higher level of staff support. Staff were observed enabling and empowering service users to take part in activities of their choice. Discussion with staff revealed the key to achieving good outcomes was the involvement of service users and responding to each individual's needs by providing person-centred care. Observation of staff provided examples of staff promoting service users' independence, equality and choice when undertaking their activity schedule by asking questions, providing personal care and promoting independence when possible.

Observations and discussions with service users taking part in activities showed motivation to participate in the day's plans was good.

This setting like other Praxis care services had the service user involvement strategy; an easy read version of the strategy had been given to service users. This explained how they can be involved such as involvement in their support plan, how they can have a voice and how they can be involved in the running of the service.

Service users talked about new activities they were engaging in and involvement in Blissful Bites Bakery which is a bakery business run by service users and staff. Service users confirmed their ideas are sought by staff for example in the service user meetings. The inspection of the minutes of meetings with service users in June, September and December 2016 and January 2017 showed the meetings reviewed service delivery matters with service users such as staff issues, interview panels as well as activities, service users' ideas, meals and service user involvement. Overall the inspection of records and discussions with the service users provided evidence this setting is involving service users in decisions regarding the day care setting as well as decisions affecting their care and support.

Discussions with service users revealed they felt positive about coming to Lurgan Road; One service user described it as "safe and warm". One service user said "staff ask what I would like to do" another said "I'm happy here, I wouldn't leave".

The discussion with staff revealed they use a number of strategies to ensure service users feel supported and are involved such as good communication and individual time with service users for a chat when identified as a need. Staff identified it is important to know each individual's needs, plan and behaviours so they can respond to service users in the most effective way. Knowing each service user well also helps them to identify changes quickly to avoid service users' moods deteriorating and behaviour escalating. During the inspection the compassionate care and attention to individual needs was observed when staff redirected a service user whose behaviour was at risk of escalating and during a discussion with another service user regarding their achievements. Both examples showed staff caring for service users with respect and protecting the service users dignity in the group setting.

Two service users' questionnaires identified they were very satisfied with the compassionate care in this setting. They were treated with respect and were involved in decisions affecting them; the staff were kind and caring; their privacy was respected; they have choices and were involved in decisions.

One relative responded in their questionnaire that they were very satisfied with the compassionate care in this setting. Their relative was treated with dignity and respect and involved in decisions affecting their care. They identified they did not have any concerns, their relative was treated well and they confirmed they were consulted with.

Three staff questionnaires identified they were very satisfied with the compassionate care in this setting. Service users were treated with dignity and respect and encouraged to be independent; their views are sought and acted upon.

Areas for improvement

No areas for improvement were identified during the inspection.

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

This inspection provided evidence that effective leadership and management arrangements were in place. For example, the statement of purpose described how the setting delivers day care safely, effectively and compassionately. The staff team in the setting had received mandatory training and training relevant to the service user group. Training, staff development discussions, supervision and team meetings had familiarised staff with legislation, standards, policies and procedures and innovative developments in practice.

The discussions with the staff revealed the manager has in place clear systems to record, monitor and audit practices to ensure practice and care delivered in the setting is safe, effective, compassionate and well led. For example audits, reviews and meeting minutes were provided that recorded issues that improve outcomes for service users, and monitoring of actions was in place. The staff described the manager was a proactive manager who encouraged the staff team to practice beyond the minimum standard. They described her as approachable; flexible; supportive and a good leader.

A range of records and discussions took place which verified compliance with the day care setting standards and regulations; they were:

- The complaints record was inspected and this revealed there had been no complaints made since April 2015.
- The working relationships between staff and management were reviewed through discussion with staff, review of the minutes of staff/team meetings and analysis of questionnaires. This showed there was arrangements in place for staff to access their line manager such as supervision, open door access to management as required, and the registered manager was described as having an open door for staff, service users and representatives.
- Staff supervision records provided evidence the staff had an individual meeting with their supervisor at least once every three months which focussed on their role, responsibility and personal development.
- The staff meetings were inspected from October 2016 to January 2017. They showed a clear drive by the management and staff team to ensure safe and effective care was being delivered and opportunities for improvement were acted upon.
- Monitoring reports were inspected for November & December 2016 and January 2017; they reported on the conduct of the day care setting and any improvements required were put into an action plan.
- The annual report had been completed since the last inspection. Advice has been given regarding the content of the report to ensure future reports are compliant with Schedule 3.

Two service users' questionnaires identified they were satisfied care was well led in this setting. The service was managed well; they knew who the manager was and could talk to them if they had any concerns. Staff respond well to them and they were asked what they would like to do in the setting.

One relatives' questionnaire identified they were very satisfied care was well led in this setting. The service was managed well; staff and the manager were approachable, professional and caring. They were informed about the complaints process and they have a copy of the service user's guide.

Three staff questionnaires identified they were very satisfied the care was well led in this setting. The service was managed well, the service was monitored, and communication between the staff and management was effective.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Charlene Lavery, Team leader, as part of the inspection process. The timescales commence from the date of inspection.

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

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

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to day.care@rqia.org.uk assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p> <p>To be completed by: 25 April 2017</p>	<p>The registered provider should ensure a competency assessment is completed with the staff who act up as manager in the managers absence. This assessment should evidence that the staff member has the skill, knowledge and experience to act up in the manager's absence.</p> <p>Response by registered provider detailing the actions taken: Competency assessments had been completed for 2/3 team leaders. Third team leader had been on maternity leave followed by sick leave. This has now been completed 31/3/17</p>
<p>Recommendation 2</p> <p>Ref: Standard 15.3</p> <p>Stated: First time</p> <p>To be completed by: 25 April 2017</p>	<p>The registered provider should put in place appropriate and effective arrangements to improve the frequency of the service users individual annual reviews in the day care setting.</p> <p>Response by registered provider detailing the actions taken: Statutory key worker had been on planned sick leave and visited the trainee concerned at day services prior to this to see if she was in agreement to holding her review on her return from sick leave. This had been agreed and has now been arranged for Tuesday 25th April 10.30am. An electronic system for flagging up reviews is in place.</p>

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