

# Unannounced Care Inspection Report 22 November 2017



## Lurgan Road Day Care Services

**Type of Service: Day Care Setting**  
**Address: 76 Lurgan Road, Portadown, BT63 5QR**  
**Tel No: 02838392170**  
**Inspectors: Suzanne Cunningham**  
**Bridget Dougan**

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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 a maximum of 30 service users who receive day care and day time activities for adults living with a learning disability. The day care activities are delivered in two buildings on the same site and is open Monday to Friday.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Praxis Care Group  <b>Responsible Individual(s):</b> Mr Andrew James Mayhew	<b>Registered Manager:</b> Vanessa Coulter
<b>Person in charge at the time of inspection:</b> Vanessa Coulter	<b>Date manager registered:</b> 11 May 2010
<b>Number of registered places:</b> 30 - DCS-LD	

### 4.0 Inspection summary

An unannounced inspection took place on 22 November 2017 from 10.00 to 16.00.

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; the home's environment; 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..

No areas requiring improvement were identified.

Service users said: "This is a comfortable place"; "staff are good to me"; "staff do their best for us"; "staff help us to be supportive of each other, I know (service users name) needs us to be quiet sometimes".

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Vanessa Coulter, registered manager, as part of the inspection process and can be found in the main body of the report.

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

#### **4.2 Action/enforcement taken following the most recent care inspection dated 28 February 2017**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 28 February 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:

- 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 care inspection in February 2017
- unannounced care inspection report 28 February 2017

During the inspection the inspector met with:

- the registered manager
- seven service users
- three staff

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. Nine were returned by service users or relatives, four were returned by staff and one by a relative.

The following records were examined during the inspection:

- three individual staff records
- five service users' individual care files
- a sample of service users' daily records
- the complaints/issue of dissatisfaction record from April 2016 to November 2017
- a sample of incidents and accidents records from February 2017 to November 2017
- the staff rota arrangements during October and November 2017
- staff supervision dates for 2017
- monthly monitoring reports from June to September 2017
- the staff training information for 2016 & 2017
- the settings statement of purpose and service user guide

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 28 February 2017**

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

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

This QIP will be validated by the care inspector at the next care inspection.

**6.2 Review of areas for improvement from the last care inspection dated 28 February 2017**

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 23.3 <b>Stated:</b> First time	The registered provider should ensure a competency assessment is completed with the staff who act up as manager in the manager’s absence. This assessment should evidence that the staff member has the skill, knowledge and experience to act up in the manager’s absence.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The competency assessments were available and up to date at the time of inspection. One was sampled and this provided evidence that this improvement had been met.	

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 15.3  <b>Stated:</b> First time	The registered provider should put in place appropriate and effective arrangements to improve the frequency of the service user's individual annual reviews in the day care setting.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> All service users individual records were made available for inspection and five were sampled which provided evidence they were up to date in this regard at the time of 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.**

The settings daily staff arrangements and records were inspected for October and November 2017 and care and support provided during the inspection was observed. This provided evidence that staffing arrangements were safely matched to group activities and service users' needs where one to one support was required for service users to take part in the activities. Staffing arrangements on a Friday were noted to be significantly lower than other days, the manager explained this was because all activities were centre based and less staff was required to support group activities in the centre buildings. During staff discussion they described they felt staffing numbers were matched to the needs of the service users.

Competency and capability assessments for staff who act up in the manager's absence had been completed for day care workers and one record was inspected. This identified the staff member who may be in charge in the managers absence was willing to undertake management tasks, understood and had the knowledge to fulfil their role and responsibility in the absence of the manager.

There was an induction programme in place for all grades of staff that commence employment with Praxis in the setting, two staff that had commenced in the setting since the last inspection had moved from other Praxis projects and therefore did not undertake the induction standards document. Discussion with the staff revealed they were informed regarding their role and responsibility to ensure service users were safe in their care. They described staff were on hand for service users and acknowledged some service users needed constant supervision therefore they described themselves as having "eyes on" (observing) service users and always being ready to offer support. They identified they need to communicate with service users and other staff regarding service user's needs, preferences and choices; they also said they know service users well so they were confident they would identify triggers to behaviour or anxiety before it escalated. Staff discussed the monthly reports they write about each individual service user, these had enabled them to ensure assessments of need were accurate and they were working on individual goals set by service users. The individual staff records and discussion

with staff provided evidence staff had the right level of knowledge, skill and understanding to provide safe and effective care.

The settings training record recorded the staff had received mandatory training and training relevant to their roles and responsibilities. Examples of training staff received in 2016/2017 were safeguarding; MVA and breakaway training (behaviour management training); infection control; fire safety; inanimate load training; COSHH; first aid and medicines training. Discussion with staff during the inspection revealed staff regarded Praxis as supportive of their own personal and team development. They described the computer system allowed them to check what they were due in terms of mandatory training and to book onto a course. They also described they have a team training week which they had used to update their safeguarding training and behaviour management training. Discussion revealed staff were knowledgeable regarding their role and responsibility in this day care setting.

The examination of the settings incidents, accidents and notifications forwarded to RQIA found safety issues and risks had been identified and managed. Assessments and care plans had been reviewed and updated as necessary to ensure practice was safe and effective. The sample of records inspected indicated the relevant incidents/notifiable events had been reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

The setting had a restrictive practices record which was inspected. The record detailed service user's care plans that included behaviour management interventions that may be restrictive or included restraint; this was further assessed in terms of the service user's rights and the potential impact on their independence. The records described why the intervention was the least restrictive measure available to staff to manage the behaviour, clear guidance regarding when the restriction should be used and was signed by day care staff and referenced professionals involved in the decision making process. The setting also had a procedure for staff to follow in this regard. This record and service user's individual assessments and care plans assured the use of restrictive practice had been appropriately minimised, assessed, documented and reviewed with the involvement of the multi-professional team, as required.

During the inspection, observations of the environment and inspection of records revealed the environment presented as clean and tidy, furniture, aids and appliances presented as fit for purpose. Fire safety precautions were inspected and it was noted fire exits were unobstructed, two fire drills had been carried out in the last 12 months and the fire risk assessment had been reviewed in June 2017.

Discussion with service users found they felt safe in the settings, they said their staff and friends help them feel safe and they said they knew where to go if the fire alarm sounded.

Four staff returned questionnaires to RQIA post inspection, they identified they were very satisfied that service users were safe and protected from harm, staff were employed in sufficient numbers to meet the needs of the service users, staff had been inducted and had received all mandatory training, staff had received safeguarding training, all staff were aware of their responsibility to report any concerning or unsafe practice.

Nine service users/representatives and one representative returned questionnaires to RQIA post inspection. They were very satisfied the care was safe; there was enough staff to help them; they felt protected and safe from harm; they could talk to staff if they had concerns; and the environment was safe and clean. One wrote “Lurgan Road staff are excellent, for years we can depend on above and beyond care. Day care is text book, really a flagship. Great communication, openness, care and support offered at Lurgan Road.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing arrangements, staff induction, training, knowledge regarding adult safeguarding and restrictive practices, risk management and the home’s environment.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	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 contained information required by Regulations and Standards and the content was consistent with the settings registration with RQIA.

Five service users’ care files were inspected; they contained the service user’s individual assessments and care plans which described their physical, social and emotional needs. The care plan was written in words and could be made more accessible for service users by using an easy read format; advice was given in this regard. The individual written plan/agreement was found in the service user individual records, this document confirmed the day service was suitable and appropriate to meet the service user’s needs, and set out arrangements to do this.

The inspection of the care records found they were maintained in line with the legislation, the assessments of need, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Records were stored safely and securely in line with data protection. Staff discussion confirmed they use the service user’s individual records daily to guide their practice and therefore recognised the importance of keeping records current and relevant. Overall the inspection found the settings management of service user records enabled staff to recognise service users’ needs and respond to them effectively.

Service users reported that they knew staff in the setting, they could talk to staff if they were worried, had a concern or worry about their care or the manager who would help them to resolve their concern. They identified they had a key worker who writes their care plans, helps them identify their skills and form timetables that incorporates their goals.

Discussion with staff revealed they felt the centre was providing a good standard of care, they confirmed they were knowledgeable regarding safeguarding service users in their care and confirmed if they had to escalate concerns they would speak to the manager or day care worker in charge. Staff detailed they meet for a handover daily and if they can't be there for the handover they will read the notes. They said this meeting can identify areas of care that need a safeguarding response or identify areas of effectiveness that need to be monitored. They concluded staff communication methods were key to ensuring they provide safe and effective care, to ensure they knew what each service user needed and how best to meet the needs. Staff identified they were conscious of responding to service user's needs, they gave examples of activities they facilitated such as music, multi-sports, dancing, pampering and baking. They described activities were selected according to service users interests, their choice; they said "the service users can try what they like from the timetable and choose what they would like to do". Importantly the timetable was not rigid but was based on service user's interests and preferences to ensure care was effective. The discussions and inspection of records showed the staff were working in a way that supported service users independence, responded to their choices, sought to effectively support service users and ensure they got the right care, in the right place at the right time.

Four staff returned questionnaires to RQIA post inspection, they identified they were very satisfied that care delivered to service users was effective, they believe that all services users had been assessed and were in the right place for their needs to be met, staff were kept informed of changes to service users care plans, referrals/treatment to and from other agencies and professionals was dealt with promptly and the service has good working relationships with other professionals/agencies. One staff member wrote "I believe we have a fantastic staff team who work to everyone's talents and strengths. The trainees have a great choice of activities on opportunity to learn and develop."

Nine service users or relatives and one relative returned questionnaires to RQIA post inspection, eight identified they were very satisfied and two identified they were satisfied care was effective in this setting; they got the right care at the right time in the right place; the staff know their care needs; they are kept aware of their care plans; and the care meets their expectations.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records and reviews, communication between service users and staff and involved other key stakeholders.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

## 6.6 Is care compassionate?

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

Discussion with service users, staff and observation of activities found examples of service users being treated with dignity and respect while promoting and maintaining their independence. For example service users knew that loud noises and forceful movement may be upsetting or increase some of the groups anxiety, staff helped the service users regulate their mood by offering support, guidance and encouragement to interact safely. One service user described staff as supportive and they liked doing the activities staff put on for them.

Service users confirmed they were asked their opinion regarding what they like to do in day care and their ideas and preferences were sought for their plan, discussion with staff confirmed they work with service users to seek their preferences and use observation to assure activities they are involved in and their schedule is centred on their preferences.

The annual surveys/consultation with service users and relatives had been undertaken since the last inspection and the summary report identified three action points that had been put in practice, this included working with service users to help them set their personal goals when they were in day care. This was an improvement that aimed to fully involve service users in the care and support they received in day care.

Four staff returned questionnaires to RQIA post inspection, they identified they were very satisfied that service users were treated with compassion, there was a culture of kindness, dignity and respect, personal care needs were conducted in privacy, service users were aware of their care and were encouraged to be involved in the decision making around their care. One wrote "we all regard our trainees as very valued as they give us back a great deal of enjoyment seeing them progress as we set targets for them to achieve. I enjoy coming to work in day services every day, we have good structure and staff know what they are doing daily."

Nine service users or relatives and one relative returned questionnaires to RQIA post inspection. Nine identified they were very satisfied and one satisfied that staff treat them with compassion, staff treated them with kindness, staff ensured they were respected and their privacy and dignity was maintained, staff informed them about their care and staff supported them to make decisions about their care.

### 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.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 registration certificate was up to date and displayed appropriately. Staff confirmed they had access to a range of policies and procedures in place that they used to guide and inform their practice.

Supervision records detailed the staff had received recorded individual, formal supervision at least every three months. The complaints record was inspected and this showed no complaints had been recorded since the last inspection and discussions with service users did not reveal any concerns regarding the care provided.

The manager provided examples of the praxis audit records which followed strategic themes such as is care: safe and effective; value for money; and empowers service users. The audit outcomes were positive and staff had used these reports to continue to improve the day care service. The records showed measures were in place that monitored the effectiveness and quality of care delivered to service users in this setting.

The Regulation 28 monthly quality monitoring visits had been undertaken monthly by the independent monitoring officer. The reports showed the visits included unannounced visits and qualitatively reflected service users and staff views and opinions. The reports described a safe, effective, compassionate and well led service which was similar to the findings of this inspection.

The annual report had been written since the last inspection and the content of the report followed the matters specified in Schedule 3. Improvements identified for the next year are to offer training for service users regarding keeping themselves safe, support for staff and review menus.

Staff discussion found they felt supported by the managers and senior staff in the setting, they said they can speak to any of them at any time. They described they are encouraged to research innovative ways to meet service user's needs, introduce new activities and find relevant training courses. One senior member of staff was supported to do a diploma in coaching, they recognised this had helped them to help service users reflect and solve their own problems where possible; and was a key approach when empowering service users to develop their independence skills.

Four staff returned questionnaires to RQIA post inspection, they identified they were very satisfied that the service is managed and well led, there was a culture of staff empowerment and involvement in the running of the service, there was a culture of learning and upskilling, there was a culture of continuous quality improvement and all staff were encouraged to bring forward new ideas and innovations, managers/leaders were approachable and open to whistleblowing or raising concerns

Nine service users and relatives and one relative returned questionnaires to RQIA post inspection and identified they were very satisfied care was well led in this setting. They identified they knew who was in charge of the setting at any time, the service was well managed, their views were sought about their care and quality of service and they knew how to make a complaint.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships between staff and managers.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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