

Care Inspection Report

28 July 2016



The Rowan Centre

Type of service: Day Care Service
Address: 56 Wallace Avenue, Lisburn, BT27 4AE
Tel No: 02892628523
Inspector: Dermott Knox

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of The Rowan Centre took place on 28 July 2016 from 10.15 to 17.00 hours. The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day centre was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The day centre premises were in good condition with no obvious hazards for service users or staff. There is generous space available for activities and for therapeutic work with service users. Records and discussions with staff and service users confirmed that staffing levels met the assessed needs of the service users. Safeguarding principles and procedures were understood by staff who were interviewed. Observation of the delivery of care provided evidence that service users' needs were being met by the staff on duty. Risk assessments were being carried out routinely in an effort to minimise risks and to manage them consistently. No areas for improvement were identified at this inspection with regard to the provision of safe care.

Is care effective?

Detailed assessments and care plans for each service user contributed to the delivery of effective care for those service users whose circumstances and records were examined at this inspection. One area for improvement was identified with regard to the presentation of some of the care planning content. Positive outcomes were noted for service users and good quality, effective care was affirmed by all five of the questionnaire respondents, two relatives and three staff members. Staff were deployed in a manner that made good use of their skills and experience and enabled the team to function efficiently and effectively. The manager and staff spoke of positive working relationships with community based professionals and the resulting benefits for service users.

Is care compassionate?

There was strong evidence of compassionate care being provided in the centre, including the respectful and caring tones of interactions between staff members and service users and the discrete manner in which personal care and confidential matters were dealt with. The caring practices that were observed were also reflected in progress records, staff meeting minutes and review reports. Several staff members spoke highly of the qualities of their colleagues. Four service users commented very positively on their enjoyment of attending the centre and of its value to them, both socially and therapeutically.

Is the service well led?

The centre has systems in place to ensure that staff are well-informed on the responsibilities of their various roles and the expected standards of practice. Staff have a well-planned programme of training and are supervised and supported within the team. Evidence from discussions with staff indicate that the manager has positive working relationships with members of the staff team and that they, in turn, have the confidence and support of their colleagues. Service users in the centre reported positive outcomes from their participation in the centre's activities and these were evident from their progress records. There was evidence to indicate good working practices that are well led.

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	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Teresa McKee, 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.

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 16 June 2015.

2.0 Service details

Registered organisation/registered person: South Eastern HSC Trust/Hugh Henry McCaughey	Registered manager: Teresa McKee
Person in charge of the home at the time of inspection: Teresa McKee	Date manager registered: 02 October 2014
Categories of care: DCS-PH, DCS-SI	Number of registered places: 40

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Record of notifications of events
- Record of complaints
- Quality Improvement Plan from the previous inspection on 16 June 2015.

During the inspection the inspector met with:

- Five service users in group settings
- Four service users in one to one discussions
- The registered manager
- Three care staff for individual discussions.

Questionnaires were left with the manager to be distributed to service users, staff and a number of relatives or carers of service users. By the 10 August 2016, five completed questionnaires had been returned to RQIA, three from staff members and two from relatives/carers of service users.

The following records were examined during the inspection:

- File records for three service users, including care plans and review reports
- Progress notes for three service users
- Five monitoring reports for the months of January, February, March, April and June 2016
- Record of complaints
- Minutes of three service users' meetings
- Minutes of two staff meetings and the schedule of bi-monthly meeting dates for 2016
- Training records for two staff
- File records for two staff, including selection, training and supervision records
- A sample of written policies, including those on 'Absence of Manager', 'Good Incident Reporting', 'Involvement of service users in running of the day centre' and 'Listening and responding to service users' views'
- Statement of Purpose
- Service User Guide
- A report of the Annual Review of Quality of Care in the Rowan Centre, dated 27 July 2016.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 16/06/16

The most recent inspection of the establishment was an announced estates inspection, which took place on 16 June 2016. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the specialist inspector at the next estates inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 16 June 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 5.2 Stated: First time	The registered manager should make appropriate arrangements for the continence care plan for each individual service user to be further improved. Specifically service user's preferences regarding their intimate care and continence promotion should be recorded.	Met
	Action taken as confirmed during the inspection: Appropriate action had been taken to implement this recommendation, with each relevant service user's preferences regarding personal and continence care being recorded in the care plan and included in review discussions/decisions.	
Recommendation 2 Ref: Standard 18 Stated: First time	The registered person should make appropriate arrangements for the following policies and procedures to be reviewed. The review should include amendments to the documents to ensure they are reflective of current practice. <ul style="list-style-type: none"> • service users' meetings and forums • listening and responding to service users' views • service users' involvement in activities and events • communications with carers and representatives – ok but could be improved to • general communication arrangements • safe and healthy working practices. 	Met
	Action taken as confirmed during the inspection: Four of the six policy documents, identified in this recommendation, were examined during this inspection and were found to be relevant and up to date. The manager confirmed that there was a continuing review of policies and procedures, many of which have Trust wide bearing.	

Recommendation 3 Ref: Standard 8.2 & 8.3 Stated: First time	The registered manager should discuss the inspection questionnaire feedback with the service user group to ensure they are satisfied care is compassionate, safe, and effective. The outcome of this consultation should be reported on the returned QIP.	Met
	Action taken as confirmed during the inspection: Minutes of the service users' meeting on 29 July 2015 included a record of feedback to service users on the views expressed in completed questionnaires. Service user satisfaction has been included regularly as an agenda item in service user meetings.	

4.3 Is care safe?

The manager and three staff members, who met with the inspector, confirmed that they have confidence in the practice of all members of the staff team in their work with service users. The staff member who takes charge in the manager's absence has many years' experience of working in the centre and in other care related employment. Staff selection methods were reported by staff members as being standardised and professional.

There were systems in place to ensure that risks to service users were assessed regularly and managed appropriately and this included inputs by community based professionals, service users and, where appropriate, a relative/carer. Risk assessments, including transport and mobility safety matters, were present in each of the service user's files examined and each one had been signed as agreed by the service user or a representative. Fire alarm systems checks were carried out and recorded on a weekly basis. A fire risk assessment was completed for the centre in June 2016, following which there is a planned increase in the number of staff identified as Designated Fire Officers, from two to four.

Five questionnaires were completed and returned to RQIA; three by staff members and two by relatives of service users. Respondents were unanimous in their praise of the quality and safety of care provided. During the inspection visit, four service users contributed through individual discussions to the inspection process and spoke very positively of the quality of care provided at the centre and of their enjoyment in taking part in the various activities. All four confirmed that they felt safe in the centre, in the transport bus and in organised activities.

Service users' rights and the methods available to them of raising a concern or making a complaint had been discussed in a recent service users' meeting. Service users' satisfaction with the quality of care provided is now a standing agenda item for all their meetings. Evidence from discussions, observations and in written records indicated that staff seek the views of service users regarding their care preferences and the activity programmes in which they participate. Staff presented as being well informed of the needs of service users and of methods of helping to meet these needs safely.

Three notifiable events had been reported to RQIA in the year preceding this inspection. All three were judged by staff to be low risk events and each one had been managed

appropriately. One complaint had been recorded in the year preceding the inspection and the matter had been resolved to the satisfaction of the complainant.

The centre was clean, spacious and in good repair and service users confirmed that they were provided with a safe and comfortable environment in which to take part in activities.

There was wide-ranging evidence to support the conclusion that safe care is provided in The Rowan Centre.

Areas for improvement

No areas for improvement were identified during the inspection.

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

The South Eastern H&SC Trust have quality assurance systems in place, through which operations are monitored and staffs' practice is evaluated. Staff members' files showed that formal supervision and annual appraisals were taking place regularly. Records of staffs' training were up to date and there was evidence from discussions with staff to confirm that the team was supportive and well-motivated to provide effective, high quality care. A number of service user's records included reports by other professionals, e.g. Speech and Language Therapists, Epilepsy Management Specialists and Physiotherapists. These were viewed by staff as being helpful contributors to the effectiveness of the service.

Four service users' files were examined and each was found to contain detailed assessment information on the individual and on his or her functioning. While some care plans addressed identified needs accurately, others required some improvement in presenting and distinguishing between assessment information, care objectives and the actions required to achieve these objectives. Most of the files contained both a "General Risk Assessment" and a "Personal Risk Assessment" and the rationale for having these two separate documents, rather than one, was unclear. There were several inaccuracies of dates in documents, which were identified to the manager, who acknowledged that a revision and re-structuring of the service users' file records was necessary. A recommendation is made in this regard.

A new 'One page Plan' had already been devised with the intention that it should be completed for all service users. The sample that was provided by the manager was clear and concise, and focussed on the expressed wishes and interests of the service user. A record was kept of each service user's involvement and progress at the centre and entries were in proportion to the frequency of attendance of the individual. Two service users were keen to speak about their experiences of participating in the centre's activities and in their individual care programmes and both presented very positive views of the support that they received. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. Well written pre-review notes were available in each of the files examined and these were informed by the service user and by the written progress records.

Evidence from discussions with service users and from written records confirmed that service users enjoyed activities, both within the centre and on outings. The manager and staff worked creatively to involve service users in a variety of experiences, making full use of the available rooms and local facilities. The premises include a well-equipped physiotherapy room which is

used regularly by Trust employed physiotherapists, both with people attending the day centre and with other clients. Service users confirmed that meals were always of a good standard and were suitable for each individual's needs.

The evidence indicates that the care provided is effective in terms of promoting each service user's involvement, enjoyment and wellbeing.

Areas for improvement

The registered provider should carry out a revision and re-structuring of service users' file records in order to present information with greater clarity and ease of accessibility.

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

Observations of activities throughout the centre provided evidence of service users relating positively to staff. The centre makes use of wall charts, paintings and other art and craft work, produced by service users, to highlight their involvement in the running of the centre. Photographs and pictures were also used to help service users to understand their activities and the communal effort toward their wellbeing. There was evidence of positive and purposeful relationships between service users and with staff members, who presented as being committed to ensuring that service users were fully supported throughout their attendance at the centre. In all of the interactions observed, service users were engaged with warmth, respect and encouragement.

Service users confirmed that staff listen to them and involve them in deciding what they want to do during their time in the day centre. Service users were afforded choice and were seen to be encouraged in constructive activities by staff. Staff demonstrated a detailed knowledge of each service user's assessed needs as identified within the individual's care plan.

There were systems in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them. Responses in the four service user questionnaires returned to RQIA affirmed strongly that compassionate care was delivered to a high standard within the day care setting. Responses in these questionnaires, plus two from relatives and four from staff members, all rated the service very highly. The views of a sample of service users were sought during each monthly monitoring visit and their comments were included in the monthly reports for January, March, April and June 2016 which were reviewed. The centre's report of The Annual Review of the Quality of Care 2015/16 provided evidence of consultation with both service users and their representatives. Comments made by service users, in questionnaires, included:

"Staff always try to accommodate my choice", and "It's like home away from home".

Questionnaires returned by representatives of service users included the comments:

"Staff have a good relationship with carers and this opens good lines of communication", and "more than happy with the care and support".

Service users are actively involved in the production of a bi-monthly newsletter titled "The Rowan Recorder" and one person spoke enthusiastically about involvement in this project.

The evidence provided at this inspection indicates that compassionate care is provided consistently by The Rowan Centre day care service.

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?

The South Eastern H&SC Trust has clear management information set out in the statement of purpose, so that staff members know the leadership and decision making structure regarding social care services, including day centres. There was written evidence in the staffing records to show that staff members were appropriately qualified for their designated roles. A system is in place for the identification of staffs' training needs and for meeting these, including a three day closure of the centre, in February this year, for the provision of mandatory training. Other specific training needs were met throughout the year on an individual basis; for example the Senior Day Care Worker had completed 13 hours of MAPA training in March 2016. Records of staffs' training were up to date and Band 5 staff members, who may be required to take charge of the centre in the manager's absence, had each completed a competence and capability assessment for this role.

There was reported evidence from staff of positive working relationships between the registered manager and the staff team members and amongst the whole team. Systems were in place for the provision of staff supervision and support and staff who met with the inspector confirmed that formal supervision was a positive factor in their confidence and competence development. Supervision meetings with Band 5 staff were held monthly, and with other care staff the supervision frequency was quarterly, in keeping with minimum standards. One Band 3 staff member has been recruited in the past year. The manager confirmed that full recruitment records are held at the Trust's Human Resources Department. The centre's report of the annual review of the quality of care, dated 27 July 2016, confirms that all necessary employment checks are carried out for new staff before they take up their post.

Examination of five monitoring reports showed that all of the required aspects of the centre's operations were rigorously checked, with action plans completed to ensure that identified, necessary improvements would be addressed within a specified timescale. The current monitoring officer visited the centre, unannounced, in the course of this inspection and spoke of the value of the monitoring role to each facility and to her own role as manager of another team. Similarly, the manager of The Rowan Centre has the role of monitoring officer in another facility and regards this as contributing usefully to the quality of services throughout Trust day care establishments. In May 2016 The Rowan Centre was subject to an ISO external audit, following which they received positive feedback.

The Trust holds Operational Disability Management meetings on a monthly basis, ensuring that individual facility managers are kept informed of developments and progress toward team objectives. Team plans are completed annually and reviewed at mid-year and end of year to ensure that targets are met. There was evidence to confirm clear communications upwards and downward in the organisation and staff presented as confident in the currency of their information and their ability to have issues dealt with at the appropriate level. The manager

presented as enthusiastic in support of the staff team and in seeking continuous service improvement. Evidence presented at this inspection indicates that the service is well led.

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 Teresa McKee, Registered Manager, 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 service. 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.

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 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 for 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 7.4</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2017</p>	<p>The registered provider should carry out a revision and re-structuring of service users' file records in order to present information with greater clarity and ease of accessibility.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>The Registered Manager has agreed an action plan to review service users records. This will include an improvement in setting objectives and agreeing and reviewing action plans. The files will be reorganised to facilitate accessibility to information</p>



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