

Unannounced Care Inspection Report 17 October 2017



Carlisle Day Centre

Type of Service: Day Care Setting
Address: 2 Carlisle Terrace, Belfast, BT15 2PR
Tel No: 028 90 639 800
Inspector: Kylie Connor

www.rgia.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 30 places that provides care and day time activities for older people and people living with dementia.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust	Registered Manager: Shauna Breslin
Responsible Individual: Mr Martin Joseph Dillon	
Person in charge at the time of inspection: Robert McAuley, day care worker until Shauna Breslin arrived at 11:45	Date manager registered: 16 January 2017
Number of registered places: 30 - DCS-DE, DCS-I	

4.0 Inspection summary

An unannounced inspection took place on 17 October 2017 from 10:00 to 17:20.

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 day care setting was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to supervision, the environment, communication between service users and staff and maintaining good working relationships.

Areas requiring improvement were identified in regard to the implementation of a duty rota, the improvement of care plans and the development of audits in the areas of the environment and infection control.

Service users said:

- “Staff are brilliant”.
- “Manager is awful good”.
- “I love it here. I came and I’m glad”.

A relative said:

- “It’s (communication with staff) excellent. It’s (the service) good, it’s very good, an asset to (my relative) and myself”.

The findings of this report will provide the day care setting 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	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Shauna Breslin, 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 day care setting inspection dated 07 February 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 07 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.
- Incident notifications submitted to RQIA since the last care inspection dated 07 February 2017.
- Unannounced care inspection report 07 February 2017 and the returned QIP.

During the inspection the inspector met with:

- the registered manager
- the assistant services manager
- ten service users
- one service user's relative
- one care assistant and two day care workers
- an artist in residence from the BHSCT

Questionnaires were given to the staff on duty to distribute between service users, relatives and staff. Five were returned within the timescale for reporting.

The following records were examined during the inspection:

- three service users care records
- a sample of care plan audits
- three completed staff competency and capability assessments
- record of NISCC registration details for staff
- menu on display

- the complaints and compliment records from April 2016 to September 2017
- incidents and accidents records from February 2017 to October 2017
- a sample of staff daily attendance records
- the minutes of service user meetings held in February, August and October 2017
- minutes of staff meetings held in March, June and September 2017
- record of staff supervision dates
- Monthly monitoring reports from March to August 2017
- a sample of completed quality survey questionnaires
- the staff training information schedule for 2017 and dates training completed or due

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 07 February 2017

The most recent inspection of the day care setting was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 07 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
Area for improvement 1 Ref: Standard 17.9 Stated: First time	The registered provider should carry out routine audits of service users' files and other key records in order to ensure that they are complete and that the associated practices are satisfactory.	Met
	Action taken as confirmed during the inspection: Inspection of a sample of care plan audits and discussion with the registered manager confirmed that this had been addressed.	

<p>Area for improvement 2</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p>	<p>The registered provider should review and revise the quality survey questionnaire to ensure that all questions are appropriate to their purpose. The question relating to service users' or carers' views of other service users as companions should not be included in future quality surveys.</p>	<p style="text-align: center;">Met</p>	
<p>Action taken as confirmed during the inspection:</p> <p>Inspection of a sample of completed questionnaires confirmed that this had been addressed.</p>	<p style="text-align: center;">Met</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p>		<p>The registered provider should ensure that staff are encouraged to record information about each service user, which is discovered in everyday conversations, e.g. schools attended, streets lived in, jobs held, relationships with family members and friends, so that all staff will have access to this for stimulating reminiscence and discussion as memory declines or dementia progresses.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Inspection of three service users' care records confirmed that this had been addressed.</p>	<p>Area for improvement 4</p> <p>Ref: Standard 23.8</p> <p>Stated: First time</p>	<p>The registered provider should ensure that staff meetings are held at least quarterly.</p>	
<p>Action taken as confirmed during the inspection:</p> <p>Inspection of the minutes of staff meetings and discussion with the registered manager confirmed that this had been addressed.</p>			

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.

Discussion with the registered manager, staff, service users and inspection of daily planner records evidenced that sufficiently qualified, competent and experienced persons were working in the centre to meet the assessed needs of the service users. Whilst daily planner records were used for staff to 'sign in' on a daily basis, the day care setting did not have a duty rota record in place. Discussion with staff upon arrival evidenced that there was no formal arrangement in place for identifying which of the day care workers were in charge. An area for improvement was identified and action is required to comply with the standards to ensure that there is a record of staff working or due to be working each day, the capacity in which they work and who is or will be in charge of the centre, especially in the absence of the registered manager.

Competency and capability assessments for staff who acted up in the absence of the registered manager had been completed for the three day care workers. Staff said they felt they were well supported and could seek advice from the registered manager at any time.

Discussion with the registered manager revealed that she was the most recently recruited member of staff in the last two years. The registered manager confirmed that she had attended a trust induction and had also had the opportunity to visit a number of other day care settings. Discussion with the registered manager evidenced that the recruitment process was consistent with the day care setting regulations and standards.

Training records evidenced that staff had received mandatory training and training relevant to their roles and responsibilities. The registered manager advised that training in diabetes awareness was scheduled to take place during November 2017 and that training by a Speech and Language Therapist was being arranged. Discussion with staff revealed that staff viewed training as important to the delivery of safe, effective and compassionate care.

A white board located in an office was used by staff to record their training dates. Some staff were recording the date training was completed and some were recording the date training was due. It was not always clear which dates were which and the registered manager agreed to review and improve this system.

Discussion with staff confirmed that they were knowledgeable regarding their role and responsibility and were a team who sought to deliver safe person centred care. Discussion with and observation of staff working together revealed that there was good communication to ensure that the team worked well together, communicated with each other regarding changes in service users' needs, the activity programme and to promote improved outcomes for service users.

Discussion with staff and a review of accident and incident records inspected indicated the relevant incidents/notifiable events were reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

The registered manager advised that there were restrictive practices employed within the setting, notably lap belts. Discussion regarding such restrictions confirmed these were appropriately assessed, minimised and reviewed with the involvement of the multi-professional team, as required.

Discussion with the registered manager, staff and inspection of records confirmed that whilst there had been no actual or potential safeguarding concerns staff were knowledgeable in regard to the need to respond promptly and refer to the relevant persons/agencies in accordance with procedures and legislation.

An inspection of the environment revealed that it was clean, well maintained and furniture, aids and appliances presented as fit for purpose. Discussion with a relative, staff, the registered manager and the assistant services manager identified that the setting did not have a separate shower facility; the bath was rarely used by staff to bath service users and did not meet the needs of a number of service users. The assistant services manager gave assurances that this issue would be reviewed and action taken as appropriate.

A potting shed had been obtained and was situated in the garden and the registered manager stated that it was not yet in use. The registered manager gave assurances that before it was brought into use, risk assessments would be undertaken to ensure the safety of the potting shed and of individual service users who would be using it.

Fire safety precautions were inspected and it was noted that fire exits were unobstructed, a fire drill had been carried out on 16 October 2017 and the fire risk assessment was up to date.

A total of five questionnaires were returned by two staff and three relatives within the timeframe for reporting to RQIA post inspection. They responded that they were very satisfied regarding the question “is care safe?” in this setting.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and the environment.

Areas for improvement

One area for improvement was identified in regard to the development of a staff duty rota.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The inspection of three care records found that they were largely 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 up to date. Improvement was needed in regard to care plans and action was required to comply with the standards. Improvements needed included the level of detail describing service users’ needs, behaviours and preferences and how staff

should respond and provide care and support in these circumstances to aid consistency of approach, safety and effectiveness. Discussion also took place in regard to the need to develop care plans for the management of diabetes.

Care plans had been reviewed in a timely manner with the involvement of the multi-professional team as required to achieve the best outcome by delivering safe and effective care. Discussion took place with the registered manager in regard to the development of an easy read care plan that was shared with the inspector. Each service user had an individual written plan/agreement.

Records were stored safely and securely in line with data protection. Service user/representative involvement had been documented for each review meeting. Systems were in place to review each service user's placement within the centre and ensure that it was appropriate to meet their health and social care needs.

Service users spoke about the range of activities they enjoyed taking part in, including bus runs, bingo, arts and craft, baking and using the garden in the summer. Service users stated that staff were approachable and supportive. During the inspection service users were observed walking around the setting; with or without staff support to take part in a number of activities or find quiet space. Staff were observed being attentive to each individual's needs, responding knowledgeably regarding their needs or preferences and working together.

An artist in residence spoke of a locally themed art project he was working on with service users; a large mural was being painted on one of the walls in an activity room of famous local people and places of interest. A number of service users went out on a bus run on the day of the inspection. Following discussion with staff it was apparent that the chosen destination was one of a number of venues usually visited and that there was an opportunity to enhance the purpose of these trips. The inspector advised that bus trips could be used to create a link with activities taking place in the centre, for example to visit the localities associated with the people and places depicted in the mural art project being completed. This link could enhance the effectiveness of the activities and improve outcomes for service users. The registered manager gave assurances that the purpose and effectiveness of bus trips would be reviewed and improved. The registered manager reported that a template was being developed to evaluate activities on a daily basis and that these evaluations would be audited to inform the planning and effectiveness of the activity programme.

Discussion with staff confirmed that they were knowledgeable regarding their role and responsibility to safeguard service users in their care, they confirmed if they had concerns they would report them to the registered manager or day care worker in charge and record their concerns without delay. Staff detailed the communication methods that support their work and professional development such as the morning meeting, staff meetings, supervision, training and informal discussions. Overall the discussions revealed staff could confidently express their views and knowledge regarding safe and effective care and staff at all levels were being encouraged, supported and guided to do this by the registered manager.

A total of five questionnaires were returned by two staff and three relatives within the timeframe for reporting to RQIA post inspection. They responded that they were very satisfied regarding the question, "is care effective?" in this setting.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between service users and staff.

Areas for improvement

One area for improvement was identified in regard to care plan records to ensure that there is adequate detail recorded of service users' needs, preferences and behaviours and how staff should respond, provide care and support; to develop care plans for the management of diabetes.

	Regulations	Standards
Total number of areas for improvement	0	1

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, a relative and observation of practice evidenced that service users were treated with dignity and respect while staff promoted and maintained their independence. Service users stated that they were asked their opinion regarding what they like to do in day care and that staff were approachable and listened to them.

Staff discussed activities they had facilitated for service users which was informed by service user choice. Staff described having a person centred approach and they recognised the importance of individuality.

There were robust systems in place to promote effective communication between service users, staff and other professionals. Service users had been provided with information, in a format that they understood which had enabled them where possible, to make informed decisions regarding their life, care and treatment. A pictorial menu for example was on display and an easy read care plan was being developed.

The annual service users' quality assurance survey had been distributed in March 2017 and evaluated. A summary report and action plan had been produced.

A total of five questionnaires were returned by two staff and three relatives within the timeframe for reporting to RQIA post inspection. They responded that they were very satisfied regarding the question, "Is care compassionate?" in this setting.

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
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 registration certificate was up to date and displayed appropriately. Staff confirmed they had access to a range of policies and procedures in the setting. Discussion with the registered manager and observation confirmed that policies and procedures were stored and available for staff. The registered manager stated that she was currently reviewing and updating the policy and procedure manuals.

Supervision records detailed the staff had received recorded individual, formal supervision at least every three months. The registered manager stated that she was to attend training in annual appraisal prior to completing same with staff. Inspection of staff meeting minutes revealed that they were held every three months with minutes and attendance recorded.

The complaint record inspected showed that there had been no complaints recorded since the last inspection. Staff were knowledgeable in regard to responding to a complaint. The manager provided audit records undertaken for care records and supervision. Audits are not needed at present in regard to complaints and accident and incidents due to the low levels recorded. Improvement was identified to comply with the standards in regard to the development of audits pertaining to the environment and infection control. It was acknowledged that informal checks had been taking place and findings acted upon.

The Regulation 28 monthly quality monitoring visits had also been undertaken monthly. The reports showed the visits were unannounced, provided a view regarding the conduct of the setting, included outcomes/action plans, and qualitatively reflected service users and staff views and opinions.

The registered manager reported that she was currently completing the annual quality review report for the year 2017.

A total of five questionnaires were returned by two staff and three relatives within the timeframe for reporting to RQIA post inspection. They responded that they were very satisfied regarding the question, "Is the service well-led?" in this setting.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

Areas for improvement

One area for improvement was identified in regard to the development of audits in regard to the environment and infection prevention and control.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Shauna Breslin, 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 Settings Minimum Standards, 2012

<p>Area for improvement 1</p> <p>Ref: Standard 23.7</p> <p>Stated: First time</p> <p>To be completed by: 10 November 2017</p>	<p>The registered person shall ensure that a duty rota is in place to record staff working each day, the capacity in which they worked including identification of the person in charge in the absence of the registered manager.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: A staff duty rota is now in place and with a staff member identified on the rota to take to charge in charge in the absence of the manager.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be completed by: 20 January 2018</p>	<p>The registered person shall ensure that care plans detail the specific needs, behaviours and preferences of service users and how staff are to respond, provide care and support; a care plan should be developed for the management of diabetes for service users diagnosed with the condition.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: The manager has discussed this recommendation with all staff and has reinforced to key workers the importance of care plans reflecting:</p> <ul style="list-style-type: none"> • the detail on how staff should deliver care to effectively meet the needs of service users' • how to respond to the behaviours of service users in a support and empathetic manner which provides reassurance and reduces any distress • the importance of ensuring personal preference is reflected in the care plan. <p>The manager will audit all care plans monthly.</p> <p>A master care plan specifically for the management of diabetes for service users diagnosed with this condition has been developed and will be personalised by key workers to reflect individual service user's needs.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 17.9</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2018</p>	<p>The registered person shall ensure that audits are developed in regard to the environment and in regard to infection control.</p> <p>Ref: 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: Audits tools have been developed to reflect audits undertaken of the environment and the service's compliance with infection control standards. The manager will ensure implementation of actions arising from these audits.</p>
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The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Email info@rqia.org.uk

Web www.rqia.org.uk

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