

Unannounced Care Inspection Report

30 April 2018



Rathmoyle Resource Centre

Type of Service: Day Care Setting
Address: 6 Mary Street, Ballycastle, BT54 6QH
Tel No: 02820762713
Inspector: Jim McBride

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a Day Care Setting with maximum provision for 55 people per day. Services are provided in a number of groups, for people with dementia, for those with a learning difficulty, physical disability or mental ill health.

3.0 Service details

Organisation/Registered Provider: Northern Health and Social Care Trust Responsible Individual: Anthony Stevens	Registered Manager: Patricia Brown
Person in charge at the time of inspection: Patricia Brown	Date manager registered: 03/10/2017
Number of registered places: 55	

4.0 Inspection summary

An unannounced inspection took place on 30 April 2018 from 09.15 to 14.45.

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:-

- providing an attractive, safe and suitable environment for the service
- ensuring clear communication with service users
- involving service users in the running of the centre
- promoting choice for service users
- easy read documentation
- providing meaningful and fulfilling activities for service users
- promoting staff development
- sharing information in the team
- team working
- record keeping.

The inspector observed 18 service users during their daily activities including arts and crafts and other activities.

During discussions/observations service users stated:

- "I enjoy the activities."
- "The staff are all great."
- "I like the games and the work I do."

The inspector spoke with a number of staff members who stated:

- “There is good service user involvement.”
- “Good care and support plans are in place.”
- “We have good support from the manager.”

Area for improvement:

The registered person shall keep under review and, where appropriate, revise the service user’s guide.

This area for improvement refers to the current Service Users Guide which is required to be reviewed and updated in line with regulation 5.1.

The inspector would like to thank the service manager, service users and staff for their support and co-operation throughout the inspection process.

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users’ experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

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

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

4.2 Action/enforcement taken following the most recent care inspection dated 12 June 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Standard 5.2 Stated: First time	The registered person shall promote the dignity and independence of service users through provision, where possible, of facilities best suited to meet their individual needs; specifically in this case, the provision of a ‘Wash and Dry’ toilet. Ref: 6.5	Met

	<p>Action taken as confirmed during the inspection:</p> <p>The registered manager described to the inspector alternative actions that have been completed, to ensure the dignity and independence of service users. The actions in place were satisfactory.</p>	
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Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 12 June 2017.

5.0 How we inspect

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

- record of notifications of significant events
- record of complaints
- inspection report from the previous inspection
- the RQIA log of contacts with, or regarding, Rathmoyle Resource Centre
- the previous inspection report and quality improvement plan (QIP).

During the inspection the inspector met with the registered manager observed and spoke with eighteen service users during their different activity groups. Three day care staff were also interviewed.

At the request of the inspector, the manager was asked to display a poster within the day care setting's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision; no responses were received.

The inspector provided 10 questionnaires for service users/relatives seeking their views on the service. It was good to note 10 questionnaires were returned.

Comments from questionnaires:

- "Really good here."
- "Very good."
- "I'm very happy here staff are helpful and pleasant. The environment is very pleasant."

The following records were examined during the inspection:

- statement of purpose 2017
- service user's guide, to be reviewed
- minutes of service users' meetings held in 2017/18
- minutes of staff meetings held in 2017/18
- reports of quality monitoring visits 2017/18
- fire risk assessment

- fire safety checks
- staff duty rotas
- staff training records including:
 - safeguarding
 - challenging behaviour
 - complaints
 - record management
 - supervision and appraisal
 - safe working practices
 - fire safety
 - medication
 - infection control
 - person centred care
 - protection of personal information
 - complaints
 - recording skills
 - human rights
 - first aid
- record of complaints
- record of incidents and accidents
- six service users' files and risk assessment records
- NHSCT day care setting's policies include:
 - staff recruitment 2017
 - complaints 2016
 - safeguarding 2017
 - whistleblowing 2018.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded 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 12 June 2017

The most recent inspection of the establishment 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 12 June 2017

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

6.3 Inspection findings

6.4 Is care safe?

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

The day centre premises were well maintained and in good decorative order, with no obvious hazards for service users or staff. There are a number of rooms available for group activities and for individual work with service users.

All staff members expressed strong commitment to their work with service users, which, they confirmed, is enjoyable and fulfilling. All new staff are required to undertake a detailed induction programme, as described by one recently appointed day care worker. The 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 inspector discussed with the manager the requirements of training for staff; the manager confirmed that all staff are trained to meet the individual needs of service users.

Safeguarding procedures were understood by staff members who were interviewed. Staff confirmed that they had the confidence to report poor practice, should they identify it. However, all expressed the view that practice throughout the centre was of excellent quality and that team members worked well together. 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 carers.

Risk assessments specific to individuals, were present and relevant, each one had been signed as agreed, either by the service user or a representative. Staff members were observed interacting sensitively with service users and being attentive to each person's needs. Observation of the delivery of care, throughout the period of the inspection, provided evidence that service users' needs were being met safely by the staff on duty.

Fire alarm systems checks were carried out and recorded on a weekly basis and fire exits were seen to be unobstructed. The centres most up to date fire risk assessment had been completed on the 25 July 2017. Fire safety training is provided to all staff members on an annual basis.

During the inspection visit, several service users spoke positively of their enjoyment of attending the centre and confirmed that they felt safe and well cared for in the premises. Staff presented as being well informed of the needs of service users and of methods of helping to meet these needs safely. Service users' rights and feelings, and the methods available to them of raising a concern or making a complaint were set out in the service user guide and training had been provided for service users to help them understand and use the procedures for making their views known to staff. The quality monitoring officer includes safety checks and audits in each monthly visit.

Service users stated:

- “I love it here.”
- “Staff treat me well.”
- “The staff are all great.”
- “I’m well supported by the staff.”

It was indicated from discussions with staff and service users that the day care setting aims to ensure that there is at all times an appropriate number of skilled persons available to meet the assessed needs of service users. The inspector viewed the day care setting’s staff rota information from the 26/3/18 to 30/4/18 and noted it reflected staffing levels as described by the manager. The rotas highlighted the person in charge each day.

The agency’s policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The ‘Safeguarding’ policy and procedure provided information and guidance in accordance with the required standards. The policy has been updated in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated adult safeguarding guidance issued in July 2015 (‘Adult Safeguarding Prevention and Protection in Partnership’). The policy has highlighted the identification and role of an Adult Safeguarding Champion. The policy was reviewed in May 2017.

The evidence presented supports the conclusion that safe care is provided in Rathmoyle Resource Centre.

Ten returned questionnaires from service users indicated that a safe service meant:

- There are enough staff to help you
- You feel protected and free from harm
- You can talk to staff if you have concerns
- The environment is safe and clean.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home’s environment.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 and the Service User’s Guide 2017 provide all of the information required by the regulations and the minimum standards. It was good to note that

the current service users' guide is presented in an easy read version to meet all service users' needs; however this document is required to be updated /reviewed in line with regulation 5.1.

Service users' files were examined and each was found to contain detailed referral and assessment information on the individual and on his or her functioning, along with a written agreement on the terms of the individual's participation.

Care planning information was included in the records of reviews and referred to the intended outcomes for service users and the extent to which these had been achieved. Care plans clearly reflected the support and assistance required by the individual to achieve his or her goals or objectives. The content of each person-centred care plan was written, appropriately, in and each one presented a clearly individualised plan containing evidence of that person's involvement.

Each of the files examined contained clear risk assessments appropriate to the individual service user, making the risks clear for staff involved in specific aspects of the work with that person. A record was kept of each service user's involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual. Dates and signatures were present in all of the files examined. 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 review records, informed by detailed progress notes and including the service user's views, where possible, were available in all files examined.

The inspector noted some of the comments made by service user during their review:

- "I'm happy in Rathmoyle."
- "I have good friends here."
- "I am happy with the care provided."
- "I enjoy the activities and also going on the bus."

The premises are spacious and accessible for service users' groups and activities.

A wide range of activities is provided in the centre to support development of knowledge, skills and confidence with service users. There is good recently refurbished outdoor space for the enjoyment of service users and staff.

Service users spoke about their experiences of participating in the centre's wide range of activities and all were positive about the benefits they gained from these. During the inspection a number of service users were observed participating in arts and crafts and other activities.

The centre facilitates service user meetings that allow service users to comment on any areas relating to them or the centre. The inspector noted some of the areas recently discussed during meetings:

- trips
- classes
- new centre furniture
- staffing
- health and safety
- easy read formats.

The centre also facilitates team meetings at which the following areas are discussed:

- new service users
- training
- policies and procedures
- NISCC
- staff safety
- medication
- infection control
- record keeping
- activities.

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

Ten returned questionnaires from service users indicated that an effective service meant:

- You get the right care, at the right time in the right place
- The staff know your care needs
- You are kept aware of your care plans
- Your care meets your expectations.

Areas of good practice

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

Areas for improvement

The area for improvement refers to the current Service Users Guide which is required to be reviewed and updated in line with regulation 5.1.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	1	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.

Observations of activities provided evidence of service users and staff relating positively to each other in a respectful and adult manner. All of the service users were introduced to the inspector and were enthusiastic in showing examples of the activities in which they engaged. Service users confirmed that staff involve them in deciding what they want to do during their time in the centre including trips out. The service user comments displays enthusiasm about the enjoyment they get from attending the centre.

Staff members presented as being committed to providing service users with purposeful and enjoyable experience at the centre and in other activities. In all of the interactions observed, service users were engaged by staff with warmth, and encouragement. Staff demonstrated a comprehensive understanding of each service user's assessed needs and individual care plan. Observation of practice confirmed that service users were afforded choice and were seen to be encouraged by staff in fulfilling and enjoyable activities. This area of good practice has to be commended.

The systems in place to ensure that the views and opinions of service users were sought and taken into account included an annual satisfaction survey and reviews of specific aspects of the service. There were a number of good examples of the involvement of service users in influencing decisions in specific aspects of the service.

The inspector noted some of the areas service users had the opportunity to comment on during the review of the food provided in the day care setting. Service users highlighted their satisfaction levels pertaining to:

- What do you think about the food in Rathmoyle?
- Is the menu easy to understand?
- Do the staff help to explain what is on the menu?
- Do you get a chance to tell the staff what you think about the food?
- Do the staff ask what you want for lunch?
- Do you get the food that you asked for?
- Does the food look good?
- Does the food taste good?
- What food do you like best at Rathmoyle?

The inspector discussed the menus with the cook during the inspection. The cook had a comprehensive knowledge of all service users and their individual dietary requirements whilst highlighting her flexibility around the menus and individual choices. This good practice of individual choice and flexibility has to be commended.

Records for service users were presented in appropriate easy read formats that helped each person to understand the content. During each monthly monitoring visit, the views of a sample of service users were sought in all of the monthly monitoring reports examined. The evidence presented at this inspection confirms that compassionate care is provided consistently in Rathmoyle Resource Centre.

Ten returned questionnaires from service users indicated that a compassionate service meant:

- Staff treat you with kindness
- Staff ensure you are respected and that your privacy and dignity is maintained
- Staff inform you about your care
- Staff support you to make decisions about your 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.

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.

Discussions with the manager, and staff and an examination of a range of records, including minutes of staff meetings, staff training schedules, monitoring reports and review reports, provided evidence that effective leadership and management arrangements are in place in the centre.

Discussions with staff and examination of records confirmed that staff meetings had been facilitated. Staff reported that the manager provided detailed information to staff and that they were regularly consulted on a range of decision making aspects of the service. There was evidence from the minutes and from discussions with staff to confirm that working relationships within the staff team were supportive and positive and that team morale was good. Staff commented that the manager's leadership style was constructive and motivated team members to accept responsibility for their work and for the overall effectiveness of the centre.

The staff who met with the inspector appeared well informed on all aspects of the centre's operations and proved very capable in responding to all of the RQIA requirements for this inspection. It was good to see that staff are supported by the manager to develop their personal skills and avail of any training opportunities.

Staff members viewed supervision as a useful part of their accountability feedback system and of their individual development. Staff reported that the supervision system works well and confirmed that they meet with their supervisor regularly.

There was evidence from discussions with staff to confirm that the ethos of the team is positive and mutually supportive and that ideas for improvement are encouraged. Staff felt they were well supported following any incidents that they found particularly challenging in their work with service users.

Staff stated:

- "We have good induction and training."
- "Supervision is good."
- "The manager is approachable."
- "Induction prepares you for the role."

Staff are required to be registered with the Northern Ireland Social Care Council (NISCC) details of individual staff member's registration status are retained by the day care setting. Discussions with the manager provided assurances that the day care setting has a process for monitoring the registration status of staff.

Monthly quality monitoring reports were examined and were found to address all of the matters required by regulation. Each report contained reflections from discussions with service users and with staff members. Following quality monitoring any resulting necessary improvements were clearly set out in an action plan. This structured and detailed approach to monthly monitoring aligns well with the centre's commitment to the provision of a high quality service.

The inspector noted some of the comments made during the monthly quality monitoring:

Service user comments:

- "I enjoy coming and getting out and about."
- "The staff are good."
- "I'm happy in Rathmoyle."
- "The team are very good, I enjoy the centre."

Staff comments:

- "I enjoy working and gaining experience."
- "The centre is committed to working to provide good service."
- "There is a good range of activities here and in the community."
- "Positive team work."
- "Good care provide to service users."

HSC Trust professional's comments:

- "The manager and staff are very approachable."
- "Staff are mindful of the service users safety."
- "Staff carry out all programmes to meet the needs of service users."
- "Staff are committed to the needs of service users."
- "I find an atmosphere of warmth and care."

The registered provider has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation. The Statement of Purpose (2017) is kept under review, and has been revised when necessary. The registered person has shown an ability to respond appropriately to regulatory matters and led the organisation in maintaining compliance with Regulations and Minimum Standards. The inspector noted that the agency collects equality information in relation to service users, during the referral process. The data is used effectively and with individual service user involvement when an individual person centred care and support plan is developed.

The manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users some of whom have complex needs.

Discussions with service users, staff and the manager highlighted evidence that supports service user equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- safeguarding

- advocacy
- equal care and support
- individual person centred care
- individual risk assessment
- disability awareness.

The agency's commitment to equality and individual person centred care is an area of positive practice and is to be commended. Overall, the evidence available at this inspection confirmed that Rathmoyle Resource Centre service is well led.

Ten returned questionnaires from service users indicated that a well led service meant:

- You always know who is in charge at any time
- You feel the service is well managed
- Your views are sought about your care and the quality of the service
- You know 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.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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

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

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

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan

Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 7(a)</p> <p>Stated: First time</p> <p>To be completed by: 1 July 2018</p>	<p>The registered person shall—</p> <p>(a) keep under review and, where appropriate, revise the statement of purpose and the service user's guide.</p> <p>Ref: 6.5</p> <p>This area for improvement refers to the current Service Users Guide which is required to be reviewed and updated in line with regulation 5.1.</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Service User Guide was updated as requested and returned to inspector on 1st May 2018.</p>

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



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