

# Unannounced Care Inspection Report 12 June 2017



## Rathmoyle Resource Centre

**Type of Service: Day Care Setting**  
**Address: 6 Mary Street, Ballycastle, BT54 6QH**  
**Tel No: 02820762713**  
**Inspector: Dermott Knox**

[www.rgia.org.uk](http://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 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

<b>Organisation/Registered Provider:</b> Northern HSC Trust  <b>Responsible Individual(s):</b> Dr Anthony Baxter Stevens	<b>Registered Manager:</b> Ms Patricia Brown- application not yet submitted
<b>Person in charge at the time of inspection:</b> Ms Patricia Brown	<b>Date manager registered:</b> Application pending receipt of evidence of QCF 5 qualification
<b>Number of registered places:</b> 55 - DCS-DE, DCS-I, DCS-LD, DCS-MP, DCS-MP(E), DCS-PH, DCS-PH(E), DCS-LD(E)	

### 4.0 Inspection summary

An unannounced inspection took place on 12 June 2017 from 10.15 to 18.00.

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

Evidence of good practice was found in relation to:

- Communication between service users and staff
- Service users', staffs' and a relative's views on the quality of the service
- Assessment of service users' needs and the risks to be managed
- The variety of activities available for service users
- Engagement of service users in fulfilling activities
- Staff training
- Staffs' enthusiasm for their work with service users
- Involvement of community based professionals, e.g. Speech and Language Therapist.

One area requiring improvement was identified in relation to:

- The provision of equipment to enhance and promote independence.

Service users said:

"Staff help me a lot and I can talk to them when I need to".

"I like the garden and watch TV and I like the quiz".

“I can talk to staff, or the manager, if I have any worries”.

The findings of this report will provide the day care service 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	1

Details of the Quality Improvement Plan (QIP) were discussed with Patricia Brown, 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 17 August 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 17 August 2016.

#### 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
- Quality Improvement Plan from the previous inspection on 17 August 2016
- The RQIA duty log of contacts with, or regarding Rathmoyle Resource Centre.

During the inspection the inspector met with:

- Eleven service users in group settings
- One relative/carer of a service user
- Three care staff in individual discussions
- One visiting professional
- The registered manager during and at the conclusion of the inspection.

Questionnaires were left with the manager to be distributed to service users, staff and a number of relatives or carers of service users. Ten completed questionnaires were returned to the inspector by 25 June 2017, four from service users, two from relatives and four from staff members.

The following records were examined during the inspection:

- File records for three service users, including assessments and review reports

- Progress records for three service users
- Monitoring reports for the months of March, April and May 2017
- Records of staff meetings held in November 2016, February and March 2017
- Records of quarterly staff supervision sessions for two staff members
- The record of specific areas of responsibility delegated to individual staff
- Minutes of Client Committee Meetings for January, February and March 2017
- Selected training records for staff, including staffs' qualifications
- The Quality Survey report for 2016
- Service User Committee meeting minutes for January and April 2017
- The Statement of Purpose
- The Service User Guide.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 17 August 2016

The most recent inspection of the day care service 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 17 August 2016

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
<b>Area for improvement 1</b>  <b>Ref: Ref:</b> Regulation 28  <b>Stated:</b> First time	The registered provider shall ensure that monthly monitoring reports made on behalf of the registered provider are retained in the day care setting.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Monthly monitoring reports were available in the day centre. Three reports, for March, April and May 2017 were examined. The content of these reports addressed all aspects of the requirement.	

<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 17.9 <b>Stated:</b> Second time	With regards to ease of communication the registered person should review the following working practice:  a) Telephone arrangements for carers to contact staff in Rathmoyle Resource Centre.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The provider has supplied the centre with a mobile phone in addition to the existing land line. Service users and their carers have been informed of the availability of this contact number.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 23.7 <b>Stated:</b> First time	The registered provider should develop a central duty roster of persons working in the day care setting each day and the capacity in which they work.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager confirmed that a roster is now available, showing which staff are on duty each day.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 7.7 <b>Stated:</b> First time	The registered provider should ensure that staff ceases to leave gaps between dated recordings in care records.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager had discussed this matter with staff in a staff meeting and had placed reminder notices on the file cabinets containing service users' records. Care records were found to comply with the recommendation.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 17.9 <b>Stated:</b> First time	a) The registered provider is requested to submit a copy of the Service User survey outcome report to RQIA.	<b>Met</b>
	b) The registered manager should ensure that arrangements are in place to monitor, audit and review the effectiveness and quality of care including for example;	

	<p><b>Action taken as confirmed during the inspection:</b> The survey outcome report had been received by RQIA, following the previous inspection. The subsequent survey was developed with inputs from Speech and Language Therapists, in order to enhance the accessibility of the questions to service users.</p>	
<p><b>Area for improvement 5</b> <b>Ref:</b> Standard 15.4 <b>Stated:</b> First time</p>	<p>The registered provider should ensure that the notes of internal reviews held are retained within care records.</p> <p><b>Action taken as confirmed during the inspection:</b> Records of internal reviews were available on computer in the day centre.</p>	<b>Met</b>
<p><b>Area for improvement 6</b> <b>Ref:</b> Standard 18.5 <b>Stated:</b> First time</p>	<p>The registered provider should ensure that policies held in hard copy format are cross referenced with those held electronically to ensure all hard copies are current and that policies are systematically reviewed every three years. (For complete list of recommended policies; ref Day Care Settings Minimum Standards Appendix 2).</p> <p><b>Action taken as confirmed during the inspection:</b> The manager stated that all written policies had been reviewed and that those held in the centre were the up to date versions.</p>	<b>Met</b>
<p><b>Area for improvement 7</b> <b>Ref:</b> Standard 7.1 <b>Stated:</b> First time</p>	<p>The registered provider should ensure that policies held in hard copy format are cross referenced with those held electronically to ensure all hard copies are current and that policies are systematically reviewed every three years. (For complete list of recommended policies; ref Day Care Settings Minimum Standards Appendix 2).</p> <p><b>Action taken as confirmed during the inspection:</b> Three yearly review of policies was confirmed by the manager.</p>	<b>Met</b>

<b>Area for improvement 8</b> <b>Ref:</b> Standard 14.10 <b>Stated:</b> First time	The registered provider should ensure that full details of complaints received, investigation conducted and resolution are recorded within the complaints records.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager confirmed that full details of all future complaints will comply with this recommendation. No complaints had been received since the previous 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.**

There was evidence available in the staff rota and from discussions with staff members, service users and a relative, to verify that, at all times, qualified, competent and experienced staff are working in the centre to meet the assessed needs of the service users. Records showed that training has been provided, as required by the minimum standards, with regard to safeguarding vulnerable adults, restrictive practices, fire safety and infection control.

The manager was not present at the beginning of the inspection and staff on duty were aware of the identity of the nominated Day Care Worker in charge. This staff member conducted a tour of the premises and made suitable arrangements to provide access to service users, staff and records. The manager later confirmed that competency and capability assessments have been completed for any person who may take charge of the centre in the absence of the manager.

Rathmoyle Resource Centre premises were undergoing building and refurbishment work, including expansion in one area to accommodate service users who have dementia, who previously attended the nearby Sheskburn Centre. Expansion was possible due to the planned change of use of the previously interconnected Rathmoyle Residential Care Home. Observations of the environment confirmed that building work was being carried out with a high level of care for the safety and wellbeing of service users. This included attention to COSHH regulations, fire safety and infection control measures.

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. Staff members were sure that all of their colleagues practiced in a safe and respectful manner toward service users. Safeguarding procedures and issues regarding restrictive practices were understood by staff members who were interviewed, each of whom expressed strong commitment to their work with service users.



There were well detailed risk assessments in place for each service user and it was evident in review records, that the risks and risk management plans were regularly reviewed and managed appropriately. Risk assessments with regard to transport, fire safety evacuation, swallowing/choking and mobility were present where relevant in each service user's file and each one had been signed as agreed, either by the service user or a representative. 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. No complaints had been received by the service in the year since the previous inspection.

During the inspection visit, ten service users spoke very positively of the quality of care provided at the centre and confirmed that they felt safe in the centre and in the transport bus. Staff presented as being well informed of the needs of service users and of methods of helping to meet these needs safely. The evidence presented supports the conclusion that safe care is provided consistently in Rathmoyle Resource Centre.

### Areas of good practice

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

### Areas for improvement

No areas for improvement with regard to safe care 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 and the Service User's Guide provide detailed information required by the regulations and the minimum standards. There is also an information leaflet available to provide a more inviting and easily accessible version of the service user guide and this is seen as helpful to potential service users as an overview of the day care provision.

Three service users' files were examined during this inspection 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 attendance. In two of the three files examined, the referral and the agreement dovetailed neatly to provide good clarity on the potential benefits to the service user, of participating in the day care service. Care plans identified service users' needs with good attention to detail and presented the planned objectives and activities for each service user in a person-centred form. The centre has a high level of input from a Speech and Language Therapist who provides a service to people in three day centres and there was evidence of a range of benefits from this involvement, including the sharing of skills and specific techniques with members of the staff team. One Person Centred Plan was made up almost entirely of photographs in order to communicate effectively with that

individual and show how his needs were to be met within the day care service. This is good practice.

Each of the files examined contained risk assessments appropriate to the individual service user, making the risk and vulnerability levels clear for staff working with that person. Written records were kept of each service user's involvement and progress at the centre. Entries were made in response to the significance of events and met the frequency stipulated by the minimum standards. Records of annual reviews for each person demonstrated that an evaluation of the suitability of the placement had been discussed and agreed. Well written, detailed review records were available in each of the files examined and, where relevant, included inputs by community based professionals. Review preparation reports included service user's views and were informed by written progress records. Dates and signatures were present in all of the care records examined and attention to detail generally was of a good standard.

The layout of the premises is conducive to meeting the needs of the service users who attend, several of whom were observed moving from one area to another without staff guidance or assistance. There are several rooms and open spaces available for group activities and for individual work with service users, when necessary. Where assistance was required for a service user, staff were seen to provide it discretely and skilfully. The manager explained that a number of service users required some assistance with intimate personal hygiene when using the toilet. Greater independence in this aspect of daily living might be achieved by the provision of a 'wash and dry' toilet, such as a 'Clos-o-Mat', or similar model, and this is recommended.

Service users in the various groups were engaged by staff with respect and encouragement, focussing on each person's interests and ability. Centre-based activities were planned for each morning and afternoon, along with regular community based activities such as Friday afternoon swimming at a local pool and occasional trips to the cinema or the Ulster American Folk Park. The centre also has a safe, enclosed garden area which is popular with some service users. As part of the current refurbishment work, raised beds have been built in the garden to make this activity accessible to a greater number of people. Service users confirmed that meals were always of a good standard and were suitable for each individual's needs.

Evidence from discussions with service users, from written records and from observations of interactions between service users and staff, confirmed that service users viewed the centre as a very supportive place in which to spend their time. The manager and staff worked creatively to involve service users in a variety of experiences, making full use of the available facilities. The evidence indicates that the care provided is effective in terms of promoting each service user's involvement, enjoyment and physical and mental wellbeing.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the written agreement regarding each service user's programme at the centre, person centred care planning and practice, reviews and associated records, communication between service users, staff and other key stakeholders and respectful relationships between staff and service users.

### **Areas for improvement**

Provision of a 'wash & dry' toilet is recommended to enhance the independence of those service users who currently require a little help with intimate personal hygiene.

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

On the day of this inspection, service users in Rathmoyle Resource Centre were enjoying a range of interesting and fulfilling activities, including making mosaic pictures with small pieces of tiles and playing pool in a large annex in which are displayed the many trophies that the Rathmoyle teams have won. Eleven service users spoke about their experiences of participating in the centre's activities and all presented positive views of the enjoyment and support that they gained from taking part and from each other's company. 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. Observations of activities throughout the centre provided evidence of service users relating positively to staff and to each other.

Service users confirmed that staff listen to them and encourage them to take part in their activity plans for day care. Activity programmes are worked out with each individual's agreement and there was evidence of changes being introduced as people developed new interests. Four service users contributed positive views through questionnaires, on their enjoyment of attending the centre and on its value to them socially. Comments included, "Staff help me a lot and I can talk to them when I need to". A survey of the views of service users and their carers has been commenced for 2017, but at the date of this inspection, the findings had not been collated.

The systems in place to ensure that the views and opinions of service users were sought and taken into account included the regular, quarterly committee meetings at which service users' views were sought by a staff member on matters including, activities, transport, staffing, meals, policies and procedures. Minutes of the meetings for the larger group, in the main centre, are typed by one of the service users.

The minutes of three staff meetings, held in March, April and May 2017, provided evidence of good consultation with service users and a strong focus on ensuring compassionate care was provided consistently. Each person's file contained personal information in the referral and the initial assessment that included contributions from family carers, so that staff would be well informed of the individual's preferences and needs. Staff who met with the inspector emphasised the importance of recognising and promoting the dignity of each service user. The caring nature of practices that were observed was reflected in high quality progress records, written in response to matters of significance and at least weekly for each service user. The evidence presented at this inspection indicates that good quality, compassionate care is provided consistently by the staff team in Rathmoyle Resource Centre.

### 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, taking account of the views of service users and involving service users in meaningful activities.

## Areas for improvement

No areas for improvement were identified during the inspection with regard to the provision of compassionate care.

	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.**

Discussions with the manager, two staff members and one visiting professional, and an examination of a range of records, including minutes of staff meetings and monthly monitoring reports, provided evidence that effective leadership and management arrangements are in place in Rathmoyle Resource Centre. There was evidence in the report of the centre's quality survey for 2016 to show that service users and their relatives viewed the service as either satisfactory, or very satisfactory.

Staff training records confirmed that staff had received mandatory training and training specific to the needs of the service users in this setting. Two staff training days were planned in July 2017 to provide sessions on First Aid, Makaton and Infection Control. Discussion with staff and examination of minutes confirmed that staff meetings had been held regularly and more frequently than quarterly. The manager had provided detailed information to staff on developments in the service and opportunities for staff members to contribute ideas for the centre's continuing development. There was evidence from these minutes and from discussions with staff to confirm that working relationships within the staff team were supportive and positive. Staff commented that the manager was supportive and motivated team members to take responsibility for their work and for the overall effectiveness of the centre. The manager convenes a weekly planning meeting with the day care workers and any available care assistants and this promotes consistency in the knowledge and practice of all staff.

Staff members viewed supervision as an opportunity for constructive discussion with their supervisor on matters of service users' needs and care plans, programmes of activities and for their individual development. Annual appraisals are carried out based on the KSF structure. Staff reported that this system works well and confirmed that, normally, they meet individually with their supervisor on a quarterly basis. The manager's ready availability means that matters arising on a day to day basis can be brought to her for discussion if necessary, and staff confirmed that there was a good level of management support in this regard. The manager has recently completed QCF Level 5 in Leadership and Management and confirmed that working toward this qualification had been a very useful learning experience.

Three monthly monitoring reports were examined and were found to address all of the matters required by regulation. A sample of service users' records was checked at each monitoring visit and any necessary improvements were set out in an action plan at the conclusion of the report. All three reports contained well-detailed feedback from discussions with service users and staff members and a number of the centre's records were audited on each visit. Each of the visits,

for which a report was examined at this inspection, had been completed by a different manager in the Trust, thus bringing fresh quality assurance in the process and resulting in a valuable diversity of findings.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to promotion of staffs' knowledge and skills in their work, weekly planning meetings, resourcing activities, maintenance and development of the premises, management of complaints and incidents, management of records for service users, leadership by the manager and by staff covering the manager's absence.

### Areas for improvement

No areas for improvement were identified during the inspection with regard to the leadership of the service.

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

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

## Quality Improvement Plan

### Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 5.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b></p>	<p>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.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The registered Manager will undertake to research the benefits of "wash/dry" toilet and the opinion of other S.U and staff who have a wet/dry insitu before committing to purchase.</p>



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