

Unannounced Care Inspection Report

09 August 2016



Donard Day Centre

Type of Service: Day Care Setting
Address: Slieve Roe House, Kilkeel, BT34 4BN
Tel No: 02841764096
Inspector: Suzanne Cunningham

1.0 Summary

An unannounced inspection of Donard Day Centre took place on 09 August 2016 from 11.00 till 16.00 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the Day Care Setting was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The inspection of two service users individual care files; staff records such as duty rotas, supervision and training; observations of the setting; discussions with service users and staff; and observations of care evidenced the care delivered was consistent with the settings statement of purpose and ethos.

The staff in Donard was observed responding to a range of service users' needs. The service users in the setting described being in Donard met their social needs and they got to partake in activities they liked. They talked about feeling supported and listened to in the day care setting. The staffing levels were responsive to service user's needs, welfare and safety and the premises presented as safe on the day of the inspection. Furthermore the care, treatment and support was helping individuals to maintain or improve their independence and skills.

Overall the inspection of "is care safe" concluded the minimum standards inspected were met. No areas for improvement were identified during this inspection.

Is care effective?

The inspection of service users individual care records, discussion with the service users and staff concluded care was being delivered at the right time, in the right place, and with the best outcome. Service users individual care needs had been assessed and plans were in place to meet assessed needs. To ensure care remained safe and effective the staff were reviewing assessments and care plans regularly. It was noted that the annual review meeting regarding one service user had not occurred annually due to staffing shortages this year. This does need to be improved. Monitoring arrangements were in place to review the effectiveness and quality of care delivered to service users.

Overall the inspection of "is care effective" concluded the minimum standards inspected were met. One area of improvement was identified regarding improving the timeliness of the annual review of one service users risk assessment and plan.

Is care compassionate?

The inspection of records, observations of practice and discussions with staff and service users revealed that service users were being treated with dignity and respect. Furthermore they were encouraged by staff to be involved in decisions affecting their care and support. Staff were observed listening to service users, valuing their views and communicating with them in an appropriate manner.

Overall the inspection of "is care compassionate" concluded the minimum standards inspected were met. No recommendations or requirements are made.

Is the service well led?

The discussion with staff and service users regarding the management arrangements confirmed they were informed regarding the role and responsibilities of the manager and the staff. Service users described staff as effective and supportive.

Documents and records such as incident recording, complaints recording, team meetings minutes, evidence of staff support, supervision meeting minutes and policies and procedures were inspected. They demonstrated there were clear arrangements in place to promote quality improvement throughout the setting. However we did find the timeliness of staff supervision should be improved as should the availability of policies and procedures which should be compliant with standard 18 and appendix 2 of The Day care Setting Minimum Standards 2012.

Overall the inspection of “Is the service well led?” concluded two improvements should be made to meet the minimum standards inspected regarding staff supervision and policies and procedures.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Maureen Smith, 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 type e.g. 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 06 January 2016.

2.0 Service details

Registered organisation / registered provider: Southern HSC Trust/Mr Francis Rice	Registered manager: Miss Maureen Smith
Person in charge of the day care setting at the time of inspection: Maureen Smith	Date manager registered: 12 March 2014
Number of service users accommodated on day of inspection: 14	Number of registered places: 15

3.0 Methods/processes

Prior to inspection following records were analysed:

- The registration details of the day centre
- Information and correspondence received from the registered manager and trust
- Incident notifications which revealed one incident had been notified to RQIA since the last inspection on 06 January 2016
- Unannounced care inspection report 06 January 2016 and trust response to the inspection
- Statement of Purpose
- Service Users Guide.

During the inspection the inspector met with:

- The registered manager
- One care staff
- 14 service users.

No service users' visitors/representatives were available to meet with the inspector.

Questionnaires were given to the manager to distribute between service users, representatives and staff in Donard. One was returned by service users, one by staff and none by relatives.

The following records were examined during the inspection:

- Two service users care files including a sample of service users' daily records
- The complaint/ issue of dissatisfaction record which had no entries in for this inspection period
- A sample of incidents and accidents records from January to August 2016
- The minutes of four service user meetings (07 April, 27 April, 08 June & 02 August 2016)
- A sample of the daily team briefing notes for July and August and staff meetings held between January to July 2016
- Staff supervision dates for 2016

- Two staff records for the one Day Care Worker and one Support Worker
- Monthly monitoring reports from January to July 2016
- Staff training information for 2015 and 2016
- A sample of policies and procedures relevant to safe, effective, compassionate and well led care.
- The weekly staff rota for July and August 2016
- Activity planners for July and August 2016
- A sample of the Fire safety records for 2016
- Seven monthly monitoring visits recorded from January to July 2016.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 06/01/16

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

4.2 Review of requirements and recommendations from the last care inspection dated 06 January 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 17 (1) (2) (3) Stated: First time	The responsible person must ensure that an annual review is undertaken of quality of care which includes the matters set out in Schedule 3 and includes consultation with service users and their representatives.	Met
	Action taken as confirmed during the inspection: Inspector confirmed the annual survey of the service users and relative's views regarding the day centre for 2015/2016 was completed in March and April 2016. The annual report regarding the day centre was completed in April 2016. The reports were made available for this inspection.	

4.3 Is care safe?

The staffing numbers were reviewed during this inspection. The registered manager had kept a duty rota which detailed the staff on duty each day. The team briefing detailed what activities each staff member will undertake and any specific care needs that staff needed to be aware of for service users attending on the day. These records were compliant with standard 23.7, which states a record should be kept of the staff working each day and in what capacity they work.

Discussion with the registered manager at the beginning of the inspection revealed the day centre had experienced staffing gaps in May 2016. During this period they operated from the adjoining residential home with a smaller group of service users. This ensured they were providing a safe environment with one day care member of staff who was supported by the residential staff to provide day care. The trust assessed this was the safe number of staff that could meet the needs of the service users attending. They returned to Donard Day Centre on 23 May 2016. This move was placed on the Day Centres risk register and subsequently the trust has agreed to recruit two additional 30 hour support worker grade staff for this day centre. The interviews will be held this month. Discussion with the staff member on duty revealed they believed they were working safely with the current numbers of service users and staff; however they did acknowledge additional staff would allow for variation in the activities they could offer and allow for staff absences.

Observation of the care provided and the information recorded regarding staffing showed that there was sufficient numbers of staff to meet the needs of the service users. Staff were observed responding to requests for individual care needs and to facilitate involvement in activities.

The service users were consulted with during the inspection. They said the day centre was "good" and said the staff are "all very good to us here". They said the day centre was a safe place for them to be because "staff make us feel safe". They described if they had a concern or a problem they could speak to any of the staff, they were confident staff would help them, support them and keep information confidential.

In summary the observations of the staff; and service users doing activities with the staff and activity records showed there was enough staff working in the service to meet the health and welfare needs of service users.

One support worker was on duty with the registered manager. She discussed she had received an induction to the service with the day care worker. She also described meeting daily for team briefings, which enabled them to plan the day including safe care. The support worker also described if she had any concerns regarding practice or the safety of service users in the setting she would speak to the day care worker, or in her absence, the registered manager. She described both were accessible and supportive. She described examples which evidenced the staff are alert to potential for incidents and risk but also promote service users maintaining their independence. For example they know each service users care plan; they are observing for changes or unusual behaviours; they discuss potential changes as soon as they are identified with the service users, staff and or relatives; they ensure walk ways are free from clutter; walking aids are within service users reach; and all service users have an opportunity to give their views, opinions and preferences. This information evidenced the staff are cognisant of service users current and future safety when delivering care in this building.

Two staff files were examined as part of this inspection. The induction of the most recent member of staff to the programme of care and Donard Day Centre was recorded. This evidenced the staff member was assessed as competent and fully informed regarding their role and responsibility at the end of the induction period. A competency assessment had also been completed with the day care worker who assumes responsibility for the operations of the day centre, in the manager's absence. This assessment did not reveal any concerns and detailed competency in operational matters; dealing with complaints; managing and reporting incidents; managing the environment; managing staff; responding to and reporting vulnerable adult concerns.

The staff training record was inspected. The staff mandatory training and training specific to service users' needs had been recorded. One staff member had been absent in 2016 when the mandatory training days were held for all staff. The manager gave assurances the staff member will receive on-line training to refresh her knowledge until another training day becomes available. This record and discussion with the manager confirmed all staff had or will receive appropriate training to fulfil the duties of their role in 2016.

There were specific systems in place that staff use to identify and plan to avoid unnecessary risks to the service user's health. Documentation inspected described when staff had identified and met service user's welfare and safety needs, for example:

- An incident of potential financial abuse in the community was identified, this was reported on to other agencies to ensure the service user got additional support and other services were aware of the scam
- Service users care needs and plans had been evaluated to ensure they remain relevant by staff no less than annually; and more regularly if required
- Risk assessments had been completed as risks were identified. These were brought to daily briefing meetings to ensure all staff were aware of their role and responsibilities in this regard
- Accident and incident records were kept and audited by the manager and during monthly monitoring for patterns or trends.

This day care setting is activity based care with a strong emphasis on social interaction between service users and staff. The care is delivered in two large rooms and there are two smaller rooms for service users to use for individual or small group activities. There is also outside space, a dining area and bathrooms which were all accessible. The day centre environment presented as homely, warm, comfortable and promoted freedom of movement for all service users. No obvious hazards internally or externally were noted. Overall the inspection of the premises and grounds identified they presented as safe, well maintained and suitable for their stated purpose.

One staff member returned a questionnaire to RQIA post inspection. They said the care was safe because they had received training to care for service users safely, there are risk assessments and care plans in place for service users, they would report bad practice and they receive support to fulfil their roles and responsibilities.

One service user returned a questionnaire to RQIA they answered they felt safe in the setting; they could talk to staff if they were unhappy; the setting is comfortable; they could tell someone if they were worried about someone being treated badly; and they knew what to do if the fire alarm sounded.

Areas for improvement

No areas for improvement were identified regarding this domain

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

The day centres statement of purpose describes this centre offers structured programmes of activities based on service user's needs, choice, capabilities and past interests. Care plans and personal goals are drawn up and agreed with the service user, day care staff and allied health

professionals, if involved. Service users are enabled and supported in activities by day care staff that have the necessary skills and training to respond to and meet the service users assessed needs.

The inspection of two service users files evidenced the staff had completed assessment of needs and identified service users preferences at the commencement of placement. This was transferred into a care plan that detailed how needs and personal goals will be met. One service user had attended an annual review which was recorded in the last 12 months. The other care plan had not been reviewed for 13 months. Discussion with the registered manager revealed the staffing shortages had impacted on what staff could achieve during their working day. She was aware some care plans had not been reviewed in the last 12 months. When the additional staff are in place this should release the day care worker from delivering activities. Therefore she will be able to undertake reviews. Whilst this example was not compliant with the day care setting standards, the care plan had been reviewed by the day care worker to ensure it accurately described their knowledge of the service user and observations of their needs, thus ensured care was safely delivered. Timescales for reviews should be compliant with the minimum standard to ensure care is not only safe but also consistent with the service user's preferences and objectives. A recommendation is made to improve the timeliness of reviews in this regard.

The record keeping formats were in accordance with legislation, standards and best practice guidance. For example risk assessments had been completed when necessary, and were revisited by staff to ensure they remained current and relevant. The care plan took into account of the outcome of the both the assessment and risk assessment, and staff had revisited the document regularly to ensure it remained current and relevant.

The activity schedule was a written record; this was informed by the consultation with service users. Service users confirmed they are asked to come up with ideas for activities and they do see their suggestions being put into practice. One service user gave the example of the garden. She described how talking to staff about her interest in gardening had led to staff enabling her to help with the planting and ongoing care of the flower beds. The service user said the staff had encouraged her to have a clear purpose in the centre. She also said this activity helped her physically and emotionally when in the day centre.

The manager had used the outcomes of service users meetings, annual consultations with service users and relatives, annual review outcomes and informal general discussions to plan the activity schedules. These were also aligned to effectively meeting the service users' needs as well as their preferences and objectives. In summary the manager had gauged service users' views to ensure care provided was effectively responding to need.

The setting provided evidence of monthly audits undertaken by the staff in charge to ensure any patterns, concerns or deficits had been identified in a timely manner and addressed to achieve improvement. Monthly audits included food hygiene; food temperatures (including freezer temperatures); service user files audits (three each month); complaints; falls; and the environment. The audits did not show any concerns regarding patterns or risk, or improvements required. However they did identify that the timescales of reviews may fall outside of recommended timescales.

The staff questionnaire identified service users are involved in their care plan, care plans inform the care provided, monitoring of quality is in place and that staff respond to service users in a timely manner. The staff member commented "Care is person centred on the needs of the service users".

One service users' questionnaire answered they were getting the right care at the right time; staff communicates well with them; their choices are listened to; they choose the activities they take part in; and have been involved in the annual review of their day centre placement.

Areas for improvement

One area of improvement was identified regarding improving the timeliness of the annual review of service users risk assessments and plan.

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

This inspection included observation of the morning and afternoon activities as well as consultation with the whole group to gauge was care compassionate. The observations showed staff did communicate with the service users to involve them when meeting their needs during an activity, or meeting needs as identified in their care plan. The staff engaged with all of the service users and the way they communicated was responsive and sensitive to those who like to talk; and those who were more private or enjoyed observing rather than being actively involved.

During a memory activity staff were observed encouraging service users to recall information and work together. They were encouraged to be supportive of each other and non-judgemental. Service users were also encouraged to exercise choice regarding how much they involved themselves. Some service users chose to not be fully involved and the staff checked back regularly with the individuals to see if they wanted to re-engage. Furthermore service users were supported to undertake other activities of their choice if they did not need supervision or staff with them. This showed staff were promoting service users to give their opinion, promote independence and be involved in daily decisions.

As referenced in the domain regarding effective care, this setting has a number of ways that they communicate and consult with service users. Between April and August 2016 there had been four service user meetings held and they discussed views and preferences regarding meals; staffing arrangements; activities and fundraising. The minutes of the meetings revealed the service users were positive regarding these areas and the support from staff. The consultation with service users revealed they like being asked for their views and opinions in meetings, discussions or in questionnaires. They said they do see their suggestions being put into practice by staff and this was satisfying. They described the day centre as a place of "happiness and contentment". One service user said this day centre offered compassionate care because in their experience "everyone is accepted, no difference is made by staff and we all work well together". The other service users agreed with this description.

The last annual service user's survey was done in March 2016, this asked service users about their views regarding the care they received in 2015/2016. The responses had been collated for an overview report which was available in a pictorial format for service users to read. No issues of dissatisfaction or suggestions were made.

The staff questionnaire identified service users are treated with dignity and respect, encouraged to be independent; their views are sought and acted upon.

One service user's questionnaire identified they were treated with respect and are involved in decisions affecting them, the staff are kind and caring, their privacy is respected; they have choices and are involved in decisions.

Areas for improvement

No areas for improvement were identified regarding this domain

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

The registered manager was present during the inspection. She described she is in the day centre at least once per week and she is based in the other centre she manages in Newry for the rest of her working week. When she is not in the setting the day to day management tasks are delegated to the day care worker. A competency assessment had been undertaken to ensure the day care worker was competent and willing to take on the management role in the manager's absence. These arrangements were satisfactory. Discussion and the supervision records did reveal individual supervision meetings had not been delivered at least once every three months in compliance with the day care setting standards. The registered manager described this was an outcome of the limited staffing. There were assurances made this will be improved when the new staff members commence their posts. However, the records show in the last 12 months the frequency of supervision was not compliant with this standard. A recommendation is made in this regard.

Examination of the day centres statement of purpose evidenced the management arrangements were clearly described. The registered manager provided examples of management and governance systems they have in place which ensure the setting is safe, well managed and service users' needs are met in compliance with the Day Care Settings Regulations (NI) 2007 and Standards 2012. There were the monthly monitoring visits and the audits of the settings records and environment. The audits did not identify any concerns regarding the centres compliance. The annual report for 2015/2016 was provided to the inspector dated 21 April 2016. The report did not identify any improvements or changes required in this inspection year.

The monthly monitoring visits and reports were inspected from January to July 2016. The reports evidenced visits had taken place once per month. They described the conduct of the day care setting, and reported on the matters to be monitored by the registered person as detailed in Schedule 3. The reports did show the visits were short in time. For example: one hour in April and June, 30 minutes in May and 20 minutes in July. The reports were detailed and compliant however, to ensure quality is maintained advice was given to ensure future timings allow for an adequate examination of schedule 3 and compliance with regulation 28.

Policies and procedures were kept in a file which was centrally indexed and available for all staff. The following policies and procedures were sampled, and they were out of date: Whistleblowing 2009; assessment, care planning and review 2010; absence of the manager 2008; day care admissions 2008. The following policies and procedures were missing from the file: Continence promotion and accidents/incidents reporting. This evidenced there is not a satisfactory set of policies and procedures available for staff reference that are compliant with standard 18. A recommendation is made in this regard.

The complaints record was reviewed and this revealed none had been received. Compliments records were also kept by staff to record good outcomes and comments from service users and their families. Discussion with one staff member confirmed they knew how to receive and deal with any complaints or issues of dissatisfaction that are brought up by service users. They described the management staff as supportive. She confirmed the registered manager visits the setting at least once per week and is always available on the phone if required for advice or guidance. The staff member described the registered manager and day care worker take time to listen to staff, hear what they are saying, respect others views and offer support when it is needed or asked for. They were clear who they report to and what to do if they had a concern about a staff member or service user. They also described that service users’ needs and safety are priority in the setting and they all work together to meet those needs.

Discussion with service users revealed they knew who to talk to about any concerns, requests, advice or issues/concerns. The service users named the registered manager and staff who work in the setting. They described all of the staff as good and they could approach any of them with issues, concerns or ideas.

One staff questionnaire identified the service is managed well, the service is monitored, and communication between the staff and management is effective. The staff member wrote “there is a team briefing each morning when any information needed to be shared is discussed. Staff numbers at present are small and staff work very closely together and issues are discussed on an ongoing manner”.

One service users’ questionnaire identified the service was managed well; they knew who the registered manager is and could talk to them if they had any concerns. Staff responds well to them and they are asked what they would like to do in the setting.

Areas for improvement

Two areas of improvements were identified regarding the timeliness of staff supervision and the accessibility of current day care settings policies and procedures for staff working in the setting.

Number of requirements	0	Number of recommendations:	2
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Maureen Smith 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 centre. 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.

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 the Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered provider 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 stated. The registered provider should confirm that these actions have been completed and return completed QIP to day.care@rqia.org.uk 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 15.5</p> <p>Stated: First time</p> <p>To be completed by: 27 October 2016</p>	<p>The registered manager should improve the timeliness of the annual service user care reviews for all service users.</p> <p>Response by registered provider detailing the actions taken: By Thursday 15 September 2016 all. Service users attending Donard will have had their annual review. Dates for subsequent annual reviews will be made giving all relevant parties 6 weeks notice. Should a planned review not take place, the reason will be recorded and another date set within 4 weeks as possible.</p>
<p>Recommendation 2</p> <p>Ref: Standard 22.2</p> <p>Stated: First time</p> <p>To be completed by: 27 October 2016</p>	<p>The registered manager should improve the frequency of supervision for staff. All care staff must receive an individual supervision meeting with their senior at least once every three months.</p> <p>Response by registered provider detailing the actions taken: 2 September 2012-The Registered manager and SDCW Donard Centre reviewed and discussed the SHSCT Supervision Policy, Standards and Criteria for Social Workers and Social Care Workers October 2009 reviewed and amended March 2012 which is available on the SHSCT Intranet. Formal one to one supervision will take place twice per year with on going live observation of practice. There is one SDCW B5 in Donard so bi- monthly formal group supervision is not relevant. The registered manager has compiled a supervision planner for planning the supervision meetings in advance..</p>
<p>Recommendation 3</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be completed by: 27 October 2016</p>	<p>The registered provider should improve the centres policies and procedures to ensure an up to date set of policies and procedures, as described in this standards and appendix 2 of The Day Care Settings Minimum Standards 2012 are available for all staff.</p> <p>Response by registered provider detailing the actions taken: The Registered Manager will meet with Head of Service to review the Day Care Policies & Procedures as in Appendix 2 Day Care minimum standards January 2012. The reviewed Policies 7 Procedures will be shared with the other day Care localities OPPC.</p>

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