

Unannounced Day Care Setting Inspection Report 26 May and 14 June 2017



Donard Day Centre

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

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Donard Day Centre took place on 26 May 2017 from 10.45 to 16.15 and a follow up visit took place on 14 June 2017 from 0930 to 11.00.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The inspection of staff records such as duty rotas, supervision and training; observations of the settings; 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 care provided in this setting was promoting service users' wellbeing in the setting and in the community.

Overall the inspection of "is care safe" concluded the minimum standards inspected were broadly met. To achieve full compliance four areas for improvement were identified, they were: the securing of the front door should be communicated to all service users, included in the statement of purpose, service user guide and service user agreement. Clutter and potential hazards must be cleared away; the statement of purpose and service user guide should be reviewed and updated to include the changes in service user needs and fire safety arrangements. The settings fire risk assessment must be updated to changes to service are included and any fire safety matters and actions following this new information are addressed prior to service users commencing

Is care effective?

The inspection of service users' individual care records, incident recording, complaints recording, discussion with the service users, staff and visiting professionals concluded care was being delivered at the right time, in the right place, and to achieve the best outcome. Individual care needs had been assessed and plans were in place to meet assessed needs.

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

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 and they were encouraged by staff to be involved in decisions affecting their care and support. Staff were observed ensuring service users are listened to, valued and communicated with in an appropriate manner.

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

Is the service well led?

The discussion with staff and service users regarding the management arrangements identified that these were in place and their effectiveness was evidenced through documents and records

such as incident recording, complaints recording and team meeting minutes. Evidence of staff support and supervision meetings demonstrated there were clear arrangements in place to promote quality improvement throughout the setting.

Overall the inspection of “Is the service well led?” concluded the inspection of the minimum standards was met. No areas for improvement were identified during this inspection.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards, 2012.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this s inspection	3	1

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 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 09 August 2016.

2.0 Service details

Registered organisation/registered person: Southern HSC Trust/Mr Francis Rice	Registered manager: Maureen Smith
Person in charge of the service at the time of inspection: Stephanie Campbell Day Care Worker (DCW) on 26 May 2017 and Maureen Smith registered manager on 14 June 2017	Date manager registered: 12 March 2014

3.0 Methods/processes

Prior to inspection following records were Examined:

- The registration details of the day centre
- Information and correspondence received from the registered manager and Southern Trust

- Incident notifications which revealed four incidents had been notified to RQIA since the last care inspection in August 2016
- Unannounced care inspection report 9 August 2016
- Announced premises inspection report 2 February 2017.

During the two inspection dates the inspector met with:

- The registered manager
- One day care worker
- One care staff
- Twelve service users.

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. Two were returned by staff and one by a relative.

The following records were examined during the inspection:

- Two service users' care files
- A sample of service users' daily records
- The complaints/issue of dissatisfaction record from April 2016 to May 2017
- A sample of incidents and accidents records from August to May 2017
- The staff rota arrangements during April and May 2017
- The minutes of seven service user meetings (August, September and November 2016 and January, February, April and May 2017)
- Staff meetings held weekly in May 2017
- Staff supervision dates for 2017
- Seven monthly monitoring reports from September 2016 to April 2017
- Staff training information for 2016 and 2017
- A sample of policies and procedures relevant to safe, effective, compassionate and well led care
- The Statement of Purpose
- The Service Users Guide.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 02 February 2017

The most recent inspection of the service was an announced premises inspection. The completed QIP was returned and approved by the specialist inspector. This QIP will be validated by the specialist inspector at the next care inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 09 August 2016

Last type e.g. care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 15.5 Stated: First time	The registered manager should improve the timeliness of the annual service user care reviews for all service users.	Met
	Action taken as confirmed during the inspection: Two current service users' individual records were inspected and the reviews were held within timescales and were timely in response to the service users' needs.	
Recommendation 2 Ref: Standard 22.2 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The supervision record inspected showed the frequency of supervision had improved and was compliant with this standard.	
Recommendation 3 Ref: Standard 18 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The day care setting policies and procedures were sampled and there was evidence they had been reviewed and updated. There is a schedule of review of policies in place and assurance was given this will continue.	

4.3 Is care safe?

The staff rota was inspected and this recorded the staff working each day, the capacity in which they worked and who was in charge of the centre. This record showed during May 2017 qualified, competent and experienced persons were working in the centre to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose.

Discussion with the day care worker and inspection of the newest staff member's file provided evidence an induction programme was in place and progress had been followed up at supervision meetings. Inspection of the staff member's records confirmed the employee had been subject to pre-employment checks which verified their suitability for the post prior to commencing in the day centre. The record did reveal the staff member had applied for NISCC registration which had been pending an outcome for five months. Communication with NISCC revealed the applicant had not submitted their supporting documents; NISCC had written to the applicant and communicated this to the trust. This information was given to the manager and the staff member and they immediately acted to ensure the evidence was verified and submitted. However, the trust were asked to ensure their system of verifying and monitoring NISCC registrations is robust, ensures applications and registrations are responded to without delay and staff are registered with the appropriate professional body as required for day care settings.

Staff discussion and the inspection of one staff record revealed they had received mandatory training and other appropriate training relevant to their roles and responsibilities. Observation of the staff supporting and caring for service users revealed they presented as well informed regarding the needs of service users and they confidently responded to the service users' requests for support.

The review of a random sample of the setting's accident/incident records which were cross referenced with RQIA data showed the incident and accidents had been documented and investigated in line with legislation and minimum standards. Safety issues and risks were identified and management plans were put in place when a risk of reoccurrence was identified.

Discussion with the staff, observation of practice and review of records revealed there were no restrictive practices in place at the time of the inspection in regard to the building or individual service users. After the inspection, RQIA received a variation from the trust to increase service user's numbers from 15 to 20, which will be a mix of elderly, memory service users and including some that may need support with mobility. The front door will also be secure during day care hours which will restrict the service users' mobility. This was a significant change from current practice; hence a follow up visit was carried out on 14 June 2017 with RQIA premises support officer.

The outcome was that including the service user's activity kitchen in the activity space meant there was enough activity space for 18 service users who are mobile. This calculation was based on the bigger activity space required for service users, therefore it was agreed a maximum of 20 service users can be cared for daily because some of the service users were less mobile, seated for long periods and sedentary. The limit of 20 from RQIA perspective is a return to the settings first registration with RQIA and the maximum that should be supported or cared for at any one time in this setting. It does remain the responsibility of the manager or staff in charge to ensure the space available is used safely to provide effective and

compassionate care. If the monitoring officer, staff or manager have concerns, it is the responsibility of the manager and responsible person to make adjustments to ensure care is safe.

The proposal to secure the front door could be viewed as a restriction that is not necessary for all service users, therefore the onus is on the registered persons to ensure that this action does not unnecessarily restrict service users and is evidenced as the only practicable means of securing the welfare of service users in this setting. The securing of the front door should be communicated to all service users, included in the statement of purpose, service user guide and service user agreement. A requirement is made to report to RQIA the arrangements in place to secure the entrance and exits to the setting and how measures in place to ensure the independent service users are supported to maintain their independence.

To ensure the space across the whole setting is comfortable and useable for the service user group the manager was asked to store boxes, chairs and activity equipment away from useable space and items should not be left in a room in a disorganised way which may create clutter and hazards; a recommendation is made in this regard. Furthermore any mobility aids brought in by service users should be close to them to be useable for service users; however care should be taken by staff to ensure they do not cause a hazard during day care hours when other service users are moving around. Careful planning around the way activity rooms are used and the service users who use them should help in this regard.

The statement of purpose and service user guide should be updated in this regard and sent to RQIA before the increase can be further considered; a requirement is made in this regard. Furthermore the settings fire risk assessment must be updated to ensure the increased number of service users, the secured front door and the change of service users' needs are included so any fire safety matters and actions following this new information can be addressed prior to service users commencing. A requirement is made for this to be completed without delay and prior to the new service users commencing their day care service.

The quality improvement plan (QIP) from the last premises inspection was reviewed as part of this inspection. A number of matters had been stated for three times and a clear plan was still not in place to achieve compliance in the near future. Ms Gemma McDermott, Estates Support Officer will communicate with the trust premises compliance officer and registered manager to clarify the trusts progress with these matters separate to this inspection.

Discussion with service users provided evidence that staff had discussed their personal safety with them. They were aware of how to move around the setting safely and discussed safe choices. Service users said they could talk to any staff if they needed to.

One relative returned a questionnaire, they identified they were very satisfied with the safe care in in the setting. They stated their relative is safe and protected from harm, they could talk to staff, the environment is suitable to meet their relative's needs and they would report concerns to the manager.

Two staff returned questionnaires to RQIA post inspection. They stated they were very satisfied care was safe in the setting. They identified 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 wrote: "staff all have a good knowledge of safeguarding procedures and all staff are involved in writing care plans for their individual key service user."

Areas for improvement

Four areas for improvement were identified, they were the securing of the front door should be communicated to all service users, included in the statement of purpose, service user guide and service user agreement. Clutter and potential hazards must be cleared away; the statement of purpose and service user guide should be reviewed and updated to include the changes in service, service user numbers and fire safety arrangements. The settings fire risk assessment must be updated to ensure the increased number of service users, the secured front door and the change of service users’ needs are included, so any fire safety matters and actions following this new information can be addressed prior to service users commencing.

Number of requirements	3	Number of recommendations	1
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4.4 Is care effective?

The centre’s statement of purpose and service user’s guide was inspected and they contained matters required in Schedule 1. The statement of purpose was being updated and this is referred to in the section 4.3 - is care safe.

Two service user’s care files were inspected; they contained individual assessments and care plans that described their physical, social, emotional, psychological needs. Each service user had an individual written agreement that set out the terms of their day care placement. The inspection found care records were maintained in line with the legislation, they included a current assessment of needs, life history, risk assessment(s) as required, a care plan and written records that referred to the health and well-being of the service users. Records were stored safely in a locked cabinet. Systems were in place to review the service user’s placement within the centre and ensure that the placement meets the service user’s health and social care needs. Service user’s initial and annual reviews of their care plan were held within recommended timescales and the review reports contained relevant information.

Discussion with staff regarding their role and responsibility to report and respond to adult safeguarding incidents identified that staff were well informed regarding what they should do, had received adult safeguarding training and recognised they should promote service users’ independence when it is safe to do so. Staff described working in a way that put the service users at the centre of their support plan.

Discussion with service users about what they were doing provided assurance they had a choice of activities and were encouraged to take part in what they wanted to do. They described the staff as good and helpful, they said they can play scrabble, play bingo, boccia (ball game) play games with bean bags, do quizzes, poems and craft activities. They also said staff knew were “attentive” and help when they need it. Staff were observed providing care and support during the day, they approached and spoke to service users sensitively and with a level of familiarity that service users responded positively to. The noises of laughter, singing and discussion were heard throughout the day, staff were observed actively involving and engaging with service users.

Discussion with one day care worker established that service users ‘records were kept up to date and there was evidence on the files that they were being audited. The monthly monitoring visit and reporting was also viewed by staff as an audit of practice.

The relative questionnaire identified they were very satisfied their relative receives the right care, at the right time, in the right place. They also identified they were satisfied with communication with staff, their awareness of their relative's needs, preferences and choices and that these are incorporated into the care they receive and that they are involved in their relative's annual review.

The two staff questionnaires identified they were very satisfied care was effective. Service users were 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. One staff member wrote "care is person centred and service users are involved in all aspects of their care. By listening to service users and involving them we are able here at Donard to provide effective care for all those that attend our centre".

Areas for improvement

No areas for improvement were identified during the inspection.

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

The support and care provided by staff was observed during the day. Discussion with service users, staff and observation of interactions found that service users were treated with dignity and respect while promoting and maintaining their independence. Service users were observed being enabled and supported by staff to engage and participate in meaningful activities, hobbies and interests. Service users described the day care setting was giving them an opportunity to feel fulfilled by being in a safe environment, where they could be independent but also receive support from caring staff when they need it. They also identified the day care setting was a place they meet socially with others and enjoy taking part in activities with them.

Service users' views and opinions were taken into account in matters affecting them through service user meetings, questionnaires and a service user involvement project. Their views have been used to confirm the day care setting was meeting service users' needs and preferences. They identified that attending the setting helps them avoid loneliness, gives them structure to their week and is a place where they are encouraged to be independent. Most recently their views had influenced the food and menu served. Service users said during the inspection the food was "very good" and they "liked the choices".

Service user meetings had been held monthly in 2016 and 2017 and the minutes provided further evidence the feedback from service users was positive and the setting was actively supporting the service users to be fully involved in their care.

Discussion with staff during the inspection revealed they aim to match activities to the service users' needs, preferences and choices. The day care worker said "we organise ourselves around the service users". This was confirmed during the inspection; specifically activities were tailored to meet the needs of the service users, as well as promoting their strengths and providing choice. Observations and discussions with service users taking part in activities found participation was good.

The relative questionnaire stated they were very satisfied with the compassionate care in this setting. Their relative was treated with dignity and respect and involved in decisions affecting their care. Their relative was treated well and they are consulted regarding decisions.

The two staff questionnaires identified they were very satisfied with the compassionate care in this setting. Service users were treated with dignity and respect, encouraged to be independent; their views were sought and acted upon.

Areas for improvement

No areas for improvement were identified during the inspection.

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

There was a range of policies and procedures in place to guide and inform staff. These generally reflected the Day Care Regulations and Minimum Standards. Policies were centrally indexed and retained in a manner which was easily accessible by staff and had been reviewed approximately every three years.

Inspection of staff records found they had recorded individual, formal supervision at least every three months. Staff meetings were referred to as team briefings and they had been held each morning. The inspection of records for May 2017 found the meetings were time for staff to plan the day and the future of the setting, discuss any issues with the setting and service users and the minutes also included an action plan and if outcomes were achieved they were recorded.

No complaints were recorded however; the record was being maintained and included a number of compliments since the last inspection.

Auditing arrangements were in place for this setting regarding complaints; accidents and incidents; service user individual care records; infection prevention and control; falls; safeguarding and the environment. Sampling of the audit records found these are used to monitor the service is safe, effective and delivers a service that is at least achieving the minimum standard. The last annual report was sampled and this included a review of the matters listed in Schedule 3 and how this may influence care and support provided in the next year.

The discussion with service users found they thought staff were “great” and they “will do what we need”. They were familiar with whom to ask for help and knew who the manager was.

The relative questionnaire stated they were very satisfied care was well led in this setting. The service was managed well; staff and the manager are approachable, professional and caring. They were informed about the complaints process and they have a copy of the service user’s guide.

Two staff questionnaires identified they were very satisfied the service was well led. The service was managed well, the service was monitored, and communication between the staff and management was effective. One staff member described “Donard day centre is a lovely place to work, the service users are treated with respect and dignity with good communication

between staff and service users. Staff ensure the service users have a fulfilled day with ample activities on offer and a good meal provided". The other staff member wrote "The service is led by a manager with several years of experience who is approachable and also very knowledgeable about day care provision".

Areas for improvement

No areas for improvement were identified during the inspection.

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

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Stephanie Campbell, DCW on the day of the inspection and on 14 June 2017 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to day.care@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 14</p> <p>Stated: First time</p> <p>To be completed by: 09 August 2017</p>	<p>The registered provider must ensure the proposal to secure entrance/exit door to the setting is communicated to all service users, included in the statement of purpose, service user guide and service user agreement. Arrangements in place to secure exit of the setting should be reported to RQIA including how the staff will support independent service users to maintain their independence.</p> <p>Response by registered provider detailing the actions taken: The Registered Manager and Staff held a number of Service User Meetings to inform Service Users of the proposal to secure entrance/exit. The meetings took place over the period 14 June 2017 to 20 June 2017. This was to ensure all individuals were informed. The meetings were recorded and included the comments made by the Service Users. Arrangements to secure the exit of the setting including how staff will support service users maintain their independence were recorded in the revised Statement of Purpose, Service user Agreement & Service Users' Guide 3 July 2017 which were forwarded to RQIA 20 June 2017</p>
<p>Requirement 2</p> <p>Ref: Regulation 7</p> <p>Stated: First time</p> <p>To be completed by: 09 August 2017</p>	<p>The registered provider must review and amend the statement of purpose and service user guide for the setting to ensure they describe the changes that are a result of the increase in service user numbers and additional needs that will be met in this setting. The updated documents should be sent to RQIA.</p> <p>Response by registered provider detailing the actions taken: The Registered Manager revised and amended the Statement of Purpose & Service users' Guide which describes the changes, which include the occupancy increase from 15 places per day to 20, an additional category of care for Service users with Memory Loss, and the need for a secure environment for the safety of service users assessed with a risk or have the potential to wander. Independent service users can access/egress the building by asking staff who will respond to requests at point of contact</p>
<p>Requirement 3</p> <p>Ref: Regulation 26 (4)</p> <p>Stated: First time</p> <p>To be completed by: 09 August 2017</p>	<p>The registered provider must ensure the settings fire risk assessment is reviewed and updated to ensure the increased number of service users, the secured front door and the change of service users' needs are included. Any fire safety matters and actions following this new information must be addressed prior to additional service users commencing.</p> <p>Response by registered provider detailing the actions taken: The Fire Risk Assessment was reviewed and updated 3 July 2017 by SHSCT Fire Safety Manager to ensure the increased number of service users, their needs and the secured front door were included. There were no fire safety matters or actions to be addressed. A copy was sent</p>

	to RQIA Eststes dept. 3 July 2017.
Recommendations	
Recommendation 1 Ref: Standard 25.3 & 25.5 Stated: First time To be completed by: 09 August 2017	The registered provider should ensure the space across the whole setting is comfortable and useable for the service user group. The unused boxes, chairs and activity equipment should be stored away from useable space and should not be left in a room in a disorganised way which may create clutter and hazards Response by registered provider detailing the actions taken: The Registered Manager has addressed this with staff. Seating areas are comfortable , free from clutter and hazzards. Activity equipment is cleared and stored in the appropriate storage space after each activity.

Please ensure this document is completed in full and returned to day.care@rqia.org.uk from the authorised email address



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