



The Regulation and
Quality Improvement
Authority

Millview Resource Centre
RQIA ID: 11208
College Square West
Bessbrook
BT35 7DG

Inspector: Priscilla Clayton
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**Unannounced Care Inspection
of
Millview Resource Centre**

16 February 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 16 February 2016 from 11.00 to 15.30. Overall on the day of the inspection the day care setting was found to be delivering safe, effective and compassionate care. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007 and The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Southern HSC Trust/Paula Mary Clarke	Registered Manager: Carmel McGrath
Person in Charge of the Day Care Setting at the Time of Inspection: Daren Campbell (Deputy Manager)	Date Manager Registered: 21 June 2013
Number of Service Users Accommodated on Day of Inspection: 14	Number of Registered Places: 30

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support.

Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the day care setting.

4. Methods/Process

Prior to inspection the following records were analysed:

- Previous care inspection report and returned Quality Improvement Plan (QIP)
- Notifiable events submitted since the previous care inspection

Discussion took place with the deputy manager, two care workers and 10 service users. Service user and staff satisfaction questionnaires were given to the deputy manager for distribution, completion and return to RQIA.

The following records were examined during the inspection:

- The Statement of Purpose
- The Service User Guide
- Staff duty rota
- Staff training records
- Four randomly selected care records
- Accident and incident records
- Record of complaints
- Minutes of service user meetings
- Distribution of five staff and five service user questionnaires
- Selected policies and procedures
- RQIA Registration Certificate

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the day care setting was an estates inspection dated 21 October 2014. The completed QIP was returned and approved by the estates inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection Dated 1 May 2014.

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 7.1	The centre should have a policy and procedure for recording and reporting care practices.	Met
	Action taken as confirmed during the inspection: A policy/procedure on the recording and reporting of care practice has been developed as recommended. This is retained within the hard copy policy/procedure file which is held centrally for ease of staff access. Staff demonstrated awareness of the policy and procedure.	

<p>Recommendation 2</p> <p>Ref: Standard 7.4 Standard 4.3 and 5.3</p>	<p>The manager should ensure that all relevant documentation is appropriately signed.</p> <hr/> <p>Action taken as confirmed during the inspection: Examination of care records examined evidenced that these were all signed and dated. The registered manager conducts audits of care records to ensure compliance with minimum standards.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 14.4</p>	<p>Staff to receive training on challenging behaviour and Schizophrenia.</p> <hr/> <p>Action taken as confirmed during the inspection: Records examined showed that staff training in challenging behaviour was provided on 30 March 2015. Training in Schizophrenia was provided on 22 July 2015.</p> <p>Staff who spoke with the inspector demonstrated knowledge in both subjects.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 14.4</p>	<p>Staff to complete an evaluation on all training undertaken. This should be retained in individual files.</p> <hr/> <p>Action taken as confirmed during the inspection: Examination of staff training records evidenced that evaluation had been obtained. This information was held within staff personnel files.</p>	<p>Met</p>

5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support.

Is Care Safe?

Discussion with the deputy manager and staff confirmed that they were aware of the corporate policies pertaining to assessment, care planning and review which were readily available in the centre.

Inspection of four service users' care records confirmed that needs assessment; risk assessments and care plans were kept under continual review and amended as changes occurred. Records were up to date to accurately reflect the needs and preferences of the service user, and had been appropriately signed.

A continence promotion policy was in place. The policy defined personal and intimate care and gave guidance to staff involved with service users who had assessed continence needs.

Staff consulted confirmed that they were satisfied with arrangements for access to personal protective equipment, and that they possessed sufficient knowledge, skills and experience on how to assist service users with their personal needs based on their care plan.

Discussion with the deputy manager, staff and service users confirmed that sufficient numbers of staff were employed in the day care setting to meet the identified needs of service users who attend.

Staff had received training in continence management (21 September 2015), as well as moving and handling training.

On the day of inspection staff were observed to be confident in carrying out their duties. These duties were carried out in an organised, unhurried manner.

Service users consulted reported that they felt safe in the day centre and were confident that staff had the skills and experience to assist them with their assessed needs.

Staff confirmed they would consult with the district nursing staff in regard to the continence needs of service users as required. Review of this aspect of care is undertaken by the district nurse with records retained on file. Supplies of incontinence garments are prescribed by the district nurse and retained by the service user.

Four of the five staff satisfaction questionnaires were completed and returned to RQIA. Respondents indicated satisfaction care was safe and were secure with the training provided, including how to report poor practice.

Four of the five service users' satisfaction questionnaires were completed and returned to RQIA. All respondents indicated they felt safe and secure in the centre.

There was good supporting evidence to confirm that continence care and promotion provided in the centre was safe.

Is Care Effective?

Discussion with the deputy manager and care staff confirmed that they were satisfied that they had the necessary knowledge, skills and resources to meet the continence needs of service users.

The deputy manager and staff confirmed that service users bring in their own continence garments to the centre. These were retained by the service users for use when needed.

Care records examined confirmed that continence needs are discussed as part of the core assessment which is completed on admission. Where there is an actual or potential need for continence care, the measures to be taken were recorded in a care plan.

A care/support plan for each service user was in place and indicated the general support required. Risks were highlighted and the management of these risks recorded.

A review of the environment confirmed that bathrooms were available to meet the assessed needs of the service users. Staff confirmed that a sufficient supply of personal protection equipment is available to them. Hand washing dispensers were available throughout the centre. Resources such as raised toilet seats, hand rails and mechanical hoists were observed.

Four of the five staff satisfaction questionnaires were completed and returned to RQIA. All respondents indicated they were satisfied with the training in continence management and continence policy. All respondents also indicated they were satisfied they had sufficient knowledge, skills and experience of how to assist and support a service user with their personal care needs.

Four of the five service users' satisfaction questionnaires were completed and returned to RQIA. All respondents indicated they were very satisfied that staff knew how to care for them and to respond to their needs, and that there was access to continence products. No issues or concerns were recorded.

There was good supporting evidence to confirm that continence care and promotion provided in the centre was effective.

Is Care Compassionate?

The centre's Service User Guide reflects the core value of rights which each service user can expect to receive in the centre. Reference is made to service user meetings where they can make proposals/suggestions regarding the running of the centre, including activities and social events. In addition, this statement is made: "Staff at the day care centre will endeavour to continue to improve the quality of the services provided in the interests of all service users attending the day centre."

Staff interaction with service users was observed throughout the inspection as polite, friendly, warm and supportive. Service users confirmed that there was always an adequate supply of staff and they were always treated with dignity and respect.

Staff discussed with the inspector the importance of meeting service users' continence care in a respectful, dignified manner.

During periods of observation it was noted that continence care was undertaken in a discreet, private way.

Four of the five staff satisfaction questionnaires were completed and returned to RQIA. All respondents indicated they had received training in core values and were satisfied that service users are afforded privacy, dignity and respect at all times. No issues or concerns were raised or indicated.

Four of the five service users' satisfaction questionnaires were completed and returned to RQIA. All respondents indicated they were very satisfied with the care and support received.

There was good supporting evidence to confirm that continence care and promotion provided in the centre was compassionate.

Areas for Improvement

There were no areas identified for improvement.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the day care setting.

Is Care Safe?

A range of policies were available, providing guidance to staff on how to promote service users' involvement in the day centre. Each policy set out the principles for involving service users to ensure they have an active role in the service delivery.

Service users confirmed that they felt comfortable to raise any issues of concern with the registered manager or staff. They also confirmed that they felt that any issues raised would be appropriately dealt with.

Care plans inspected provided evidence that service users are encouraged to be involved in the planning of their care and actively participate in their annual care reviews.

There was evidence that randomly selected policies and procedures were reviewed to ensure the most up to date information and current best practice was reflected. Policies and procedures were retained in hard copy and electronic format.

Four of the five staff satisfaction questionnaires were completed and returned to RQIA. All respondents indicated they felt staffing levels are appropriate at all times and they felt safe and secure in the centre.

Is Care Effective?

There was evidence to confirm that management and staff actively seek the views of service users. Methods used included:

- Service users' meetings are held each month with minutes recorded. These meetings are a platform where service users are enabled to be involved in and given opportunities to

influence the running of the service. Examples of discussions included menu planning and activity provision.

- Monthly monitoring visits were conducted by the SHSC Trust monitoring manager. Reports examined reflected information as required; seeking the views of service users, representatives and staff on the quality of the service provided.
- Annual service user satisfaction survey (April 2015) with feedback given to service users at their monthly meeting and to staff at their meeting.
- Reviews of care. The deputy manager confirmed that service users had annual reviews of care where they/representatives are encouraged to share their opinion about the care provided at the centre. This was reflected within care review records retained on file.
- The centre retains a suggestion box where service users/representatives can post any suggestions for improvements. Information is collated and analysed.
- Daily discussions with service users during group interactions is utilised to seek their views on the activity provision and other aspects of care provided. This information is collated, and recorded with action taken to meet suggestions.

A report on the service user views and comments was developed from the outcome of the aforementioned methods utilised to shape and continuously improve the quality of services and facilities provided in the centre.

The deputy manager confirmed that no complaints were received within the time period 1 April 2014 to date. No complaints were recorded within records retained.

Discussions with service users confirmed that they were consulted on a daily basis regarding their preferred activities and routines.

Inspection of three service users' care records provided evidence that service users and their representatives are encouraged to participate in decisions about the care and support they receive in the day centre. The records inspected and discussions with service users demonstrated that they are encouraged to maintain their independence and exercise control and choice when they are in the day centre.

It was evident from discussion with staff that they had knowledge and understanding of service users' preferences and needs.

Inspection of the last three monthly reports which were completed on behalf of the designated registered person incorporated the views and opinions of service users.

Four of the five service users' satisfaction questionnaires were completed and returned to RQIA. Respondents indicated they were satisfied that their views and opinions are sought about the quality of the service. No issues or concerns were recorded.

Four of the five staff satisfaction questionnaires were completed and returned to RQIA. All respondents indicated they had received training in core values and were satisfied that service users are afforded privacy, dignity and respect at all times. Respondents also indicated they were satisfied that service users are involved in and given opportunities to influence the running of the centre. No issues or concerns were raised or indicated.

Is Care Compassionate?

Discussion with staff demonstrated that they were knowledgeable about service users' needs and a person centred approach was adopted. Staff confirmed that service users were listened and responded to in a timely, respectful manner.

Care practices observed noted that service users were consulted, their preferences listened to and care provided in a dignified and respectful manner.

Completed satisfaction questionnaires returned to RQIA from service users and staff indicated that care provided was compassionate, with service users' views and opinions sought about the quality of the service.

Areas for Improvement

There were no areas identified for improvement from Standard 8.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

5.5.1 Accidents/Incidents

Records of accidents/incidents were retained in the centre. Measures to minimise identified risks were reflected within randomly selected care records.

5.5.2 Environment

The registered manager, staff and service users are to be congratulated on winning the SHSC Trust "Best Kept Award" for 2015. New lockers/storage areas, outside raised flower beds, window boxes and a secure walled area all added to the achievement of this award.

On the day of inspection the centre was observed to be clean, organised, comfortably heated and fresh smelling throughout. There were a range of resources to enhance the care and support independence of service users with their personal care needs.

Fire doors were closed and fire exits unobstructed.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Carmel McGrath	Date Completed	14.04.16
Registered Person	Miceal Crilly	Date Approved	18.04.16
RQIA Inspector Assessing Response	Priscilla Clayton	Date Approved	18/04/16

Please provide any additional comments or observations you may wish to make below:

Please complete this document in full and return to day.care@rqia.org.uk from the authorised email address

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.