

# Unannounced Care Inspection Report 5 October 2018



## Millview Resource Centre

**Type of Service: Day Care Service**  
**Address: College Square West, Bessbrook, BT35 7DG**  
**Tel No: 02830830347**  
**Inspector: Suzanne Cunningham**

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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 30 places that provides care and day time activities for people living with physical disabilities and sensory impairment. The setting is open Monday to Friday.

### 3.0 Service details

|  |   |
|--|---|
| <b>Organisation/Registered Provider:</b><br>Southern HSC Trust<br><br><b>Responsible Individual(s):</b><br>Mr Shane Devlin | <b>Registered Manager:</b><br>Carmel McGrath    |
| <b>Person in charge at the time of inspection:</b><br>Carmel McGrath   | <b>Date manager registered:</b><br>21 June 2013 |
| <b>Number of registered places:</b><br>30  |   |

### 4.0 Inspection summary

An unannounced inspection took place on 5 October 2018 from 10.15 to 15.00.

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

Evidence of good practice was found in relation to staff training; staff awareness and knowledge of what is safe care; audit of accidents/incidents; care records; audits; communication between service users, staff and other key stakeholders; staff supervision and appraisal, quality improvement and maintaining good working relationships

One area requiring improvement was identified in relation to staffing.

Service users were asked what their feelings were about the setting and they gave positive feedback in regard to their experience of attending the day centre and the support given by staff. Examples of what they said are: "great place", "its lovely here", "staffs great", "fantastic", "couldn't be any better".

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

### 4.1 Inspection outcome

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 1           | 0         |

Details of the Quality Improvement Plan (QIP) were discussed with Carmel McGrath, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### **4.2 Action/enforcement taken following the most recent care inspection dated 13 June 2017**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 13 June 2017.

#### **5.0 How we inspect**

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

- the registration details of the day centre
- information and correspondence received by RQIA since the last inspection
- incident notifications which highlighted that six incidents had been notified to RQIA since the last care inspection in June 2017
- unannounced care inspection report and quality improvement plan from 13 June 2017

During the inspection the inspector met with the registered manager and two staff members,. The inspector greeted and made introductions to all services users in the group setting. More detailed discussions were had with six service users.

The following records were examined during the inspection:

- Three service users' care records.
- A sample of service users' daily records.
- The day centre's complaints/compliments record from April 2017 to October 2018.
- A sample of the staff training records.
- Staff roster information from August to October 2018.
- Fire safety precautions.
- A sample of minutes of service users' meetings from April, July and September 2018.
- A sample of minutes of staff meetings from August and September 2018.
- The day centre's record of incidents and accidents since the last inspection.
- A sample of monthly quality monitoring reports from June to September 2018.
- The Statement of Purpose September 2017.
- The settings annual reports.

At the request of the inspector, the manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

Ten service user and/or relatives' questionnaires were provided for distribution; three questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the day centre to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

The inspector thanks the manager, service users, and staff for their involvement in the inspection process.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 13 June 2018**

The most recent inspection of the establishment was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

**6.2 Review of areas for improvement from the last care inspection dated 13 June 2017**

| <b>Areas for improvement from the last care inspection</b>  |   | <b>Validation of compliance</b> |
|---|---|---------------------------------|
| <b>Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007</b>           |   |                                 |
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 17 (1) (2) (3)</p> <p><b>Stated:</b> Second time</p> | <p>The registered person shall ensure that an annual review of the quality of care is completed. This must include all matters set out on Schedule 3 and incorporate the outcomes of consultation with service users and their representatives.</p> <p>Ref: 6.2 &amp; 6.7</p> | <b>Met</b>                      |
|   | <p><b>Action taken as confirmed during the inspection:</b></p> <p>The annual review of care was submitted to RQIA and made available for this inspection. Inspector confirmed the content was</p>   |                                 |

|  |   |                                 |
|--|---|---------------------------------|
|  | consistent with schedule 3.   |                                 |
| <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><br><b>Ref:</b> Standard 5.2<br><b>Stated:</b> First time         | The registered person shall improve the recording of, planning to meet and review of service user's personal objectives for day care.<br><br>Ref: 6.5 | <b>Met</b>                      |
|  | <b>Action taken as confirmed during the inspection:</b><br>The inspection of three records showed this had been improved at the time of inspection.   |                                 |

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

The inspection of staff rotas for August, September and October showed the permanent staffing compliment had reduced during August 2018. The day care worker was consistent however other care staff were absent due to leave, sickness and being redeployed to another setting. The rota did show the staffing compliment was sustained; however the experience levels of the staff were not sustained. One accident occurred in the setting during the time when staffing was reduced. Examination of the accident showed staff had provided care that was consistent with the service users assessed needs and care plan. Discussion with staff identified they felt if staff familiar with this service user was on duty they could have stopped the service users moving however, this was not identified in the care plan as a need or required. Overall whilst there was no evidence care was not safe, in this example the staffing arrangements were not consistent with arrangements usually in place. The inspector discussed with the registered manager there should be a review of the staffing and the incident on the day to ascertain if the setting should improve arrangements in this regard. This improvement is detailed in the QIP for this inspection.

In contrast the inspection of the staff rota in September and October showed there was sufficiently qualified, competent and experienced persons 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, fire safety requirements and the statement of purpose. The records kept showed sufficient detail to ascertain the number of staff working each day, the capacity in which they worked and who was in charge of the centre.

An induction programme was in place for care staff and an example of the induction completed and planned induction was inspected for one staff member that commenced in September 2018. A general orientation to the centre had been completed, the staff member had a training plan in place with relevant training booked and the NISCC booklet was in place to be introduced to the staff member to complete. These arrangements ensured the staff member was given the right information to safely commence their position in the setting. The ongoing training and induction booklet should provide further evidence of the staff member's competence to fulfil their role and responsibilities.

Staff training records were inspected and this showed mandatory training and other training relevant to their role and responsibilities was being delivered to staff by the trust and external training providers. The training delivered was consistent with the RQIA day care setting training guidance. Examples of training delivered since the last inspection showed mandatory training had been delivered within required or recommended timescales. Training specific to service users' needs was also delivered such as social care values in practice; competency in specific care needs; mental health and learning disability; bereavement and loss; and motor neurone disease. Discussion with staff confirmed they had received the right training to meet service user's needs.

The accidents, incidents and notifiable events records were inspected, this showed they were effectively documented and investigated in line with legislation and minimum standards. The records were compared to incidents notified to RQIA which showed relevant notifiable events were reported to RQIA and other relevant organisations in accordance with the legislation and procedures; furthermore safety issues and risks had been identified and responded to. An incident audit sheet showed the management team were auditing the accidents and incidents to identify any actions that could be taken to prevent reoccurrence. Generally feedback was recorded for staff reference.

The use of restrictive practices was not evident in this setting. The use of wheelchair lap belts was observed however examination of the service user care assessment and plan documentation, discussion with staff and observation of care showed they were only used when necessary to ensure service user's safety was assured. Service users presented as comfortable and were adequately supported in the chair that gave them independence of movement around the setting. The use of the lap belt was appropriately assessed, documented and reviewed with the involvement of the multi-professional team, as required.

Observations of the environment showed infection prevention and control measures were in place; the day care space was clean and tidy; furniture, aids and appliances presented as fit for purpose; group rooms did not present as overcrowded; and no COSHH substances were seen.

Fire safety precautions were being recorded by staff to ensure exits were clear, equipment was working and maintained. Fire exits were unobstructed during the inspection and the last fire drill was undertaken on 19 July 2018 with no improvements noted. The settings fire risk assessment was last completed in November 2016 and was due for review in November 2018 and no improvements were outstanding.

Discussion with service users and staff evidenced that they felt the care provided was safe. The discussion with service users revealed they liked doing pottery, yoga and craft activities which they were doing on the day of the inspection. They described they were having a special tea for a staff member leaving. The Service users’ said in relation to safe care: “this is a safe building”; staff and people around us make it safe”; “staff would see to us if we have an accident – they are very on the ball”; “staff attended training”.

Discussion with staff revealed they were concerned that experienced staffing levels do not fall below safe levels. They had attended key training since the last inspection which had assisted staff to provide the right safe care for service users with specific nursing needs. One staff member said staff are “very safe, we follow care plans and risk assessments”: “we observe service users and discuss with other staff if we notice anything. Staff said if they had concerns they would discuss them with their supervisor or manager and if nothing was done to improve the situation they would escalate their concerns through the monitoring officer or whistleblowing procedure. Staff described they were fully appraised of their role and responsibility under safeguarding and knew how to report concerns. Finally staff described they were encouraged to develop their skills by their supervisor.

Three service users and/or relatives returned questionnaires to RQIA. Two responses indicated that they were very satisfied and one satisfied that the care provided to service users was safe.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff training, staff awareness and knowledge of what is safe care and audit of accidents/incidents.

**Areas for improvement**

One area for improvement was identified in relation to staffing during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 1           | 0         |

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

Three service user’s care files were inspected. The files contained service user’s individual assessments and care plans which described their physical, social, emotional and psychological needs. Each service user had an individual written agreement that set out the terms of their day care placement, up to date assessment of needs, life history, risk assessments, and a current care plan. Records were stored safely and securely and staff confirmed during discussions they were aware of their responsibility to protect service users information.

The three service users’ needs had been risk assessed where required and other assessments were in place such as moving and handling, SALT, and assessments in relation to specific health needs. The assessment showed evidence of review and had been updated or amended when required.

Evidence of service user’s having an initial review and annual review of their placement within recommended timescales was recorded. The review minutes showed service user and or representative involvement and the minutes showed the service user’s placement within the centre had been reviewed to ensure that it was appropriate to meet their health and social care needs.

Daily care recording had been maintained in the three care records inspected. Discussion with staff found they knew the importance of knowing the content of individual service user’s assessments and care plans to inform and guide their practice. They also discussed the importance of ensuring that care recording was accurate and timely to ensure care and support provided was safe and effective.

Service user care records were noted to be well organised and stored safely and securely in line with data protection requirements and file audits had been completed which ensured the quality of records was consistent with trust policy and procedure and minimum standards.

Discussion with service users and staff evidenced that they felt the care provided was effective.

Discussion with staff revealed they found staffing numbers, training, and management support had facilitated safe and effective care practices. In particular staff identified training to safely respond to service users complex needs had been beneficial as was access to advice and support. Observations of staff practice on the day of inspection showed they were confident and effective in their communication with service users and adapted their communication methods as necessary, with individual service users depending on their assessed needs and emotional state. Staff were observed to be vigilant in responding to nonverbal cues as well as verbal communications. The inspector observed interventions that were proactive and timely.

Discussion with service users found they were familiar with the review meeting and had attended this meeting. They described they talk about what they have done and what we they want to do. Service users said staff out the service users first, one said “they give us choice rather than tell us what to do”, another said “we are all asked”. Service users said staff do their best to accommodate them by giving options, advice and support.

Three service users and/or relatives returned questionnaires to RQIA. All responses indicated that they were very satisfied that the care provided was effective.

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified in this domain during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

## 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Observations of staff interactions with service users were observed to be compassionate, caring and timely. Service users were observed being afforded choice, dignity and respect during the inspection process. Staff spoken with reflected the ethos of the day care setting which promoted choice and ensured service users had access to a friendly, caring and stimulating atmosphere which aimed to support and encourage service users to remain active and independent.

On the day of inspection service users were observed taking part in activities such as pottery, computers and discussions. The day care activities programme showed a varied programme was in place and discussion with service users confirmed the programme was reflective of their choices and preferences.

On the day of the inspection service users gathered together to say goodbye to a staff member, they were given a choice of morning drink and snack which they enjoyed together while socialising as a group. The service users were observed communicating with each other and staff about current plans and reminiscing. Observation concluded the group was relaxed in each other's company and were supported by staff to eat and drink. During this time staff were noted as encouraging and promoting service users independence where possible.

During the inspection the inspector observed service users approaching staff freely, communicating their needs and making requests. Staff were observed to be attentive and responding cheerfully.

Discussion with the service users found they spoke positively about the staff and the support they received, they said "everyone has a choice, nothing is compulsory", "clients are put before staff", "staff treat us right", "this is home from home", "staff treat us with respect, dignity and we feel safe".

Staff described informal arrangements in place that ensured service users were communicated with, consulted and their views and opinions were sought on a daily basis. Staff described they ring service users if they don't come to day care to check if there is anything staff can help them with. One staff member gave an example of how the staff team supported a family including the children when they received bad news and described they did not consider that wasn't their job. Staff described they use communication books to keep communication open between the day centre and home, and identified this can be a good way of highlighting issues or events that may negatively impact on home or day care. Lastly staff said they treat all service users with respect and dignity, they talk to service users, get to know them and help them feel at ease in the day care setting.

Consultation with service users was evidenced in the records assessment, care planning and review process. In addition, governance arrangements to promote effective communication with service users and/or their relatives included bi monthly service user meetings and an annual quality satisfaction questionnaire. Samples of minutes from service user meetings were reviewed for July 2018 and September 2018. The minutes reflected service users being consulted about activities and staffing with feedback used to improve care.

Discussion with service users and staff evidenced that they felt the care provided was compassionate.

Three service users and/or relatives returned questionnaires to RQIA. All responses indicated that they were very satisfied that the care provided was compassionate.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users.

### Areas for improvement

No areas for improvement were identified in this domain during the inspection.

|  | 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.**

The registration certificate was up to date and displayed appropriately.

The Statement of Purpose for the day care service was reviewed, this had been updated by the provider on 4 May 2018. The document described the nature and range of the service to be provided and addressed the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. Evidence gathered at this inspection indicated that the service was operating in keeping with its Statement of Purpose.

The inspection of records and discussions with service users and staff showed the service users in this setting were being afforded the opportunity to take part, be involved in the settings provision of care and support. In particular the records of service user involvement and individual person centred care were good examples of this.

The supervision and appraisal records showed staff received recorded individual, formal supervision at least every three months and had a recorded annual appraisal.

Records of staff meetings revealed these were held weekly. The staffing issues were discussed as were programmes of care, fire safety, heating, reflective practice, supervision and safeguarding. The minutes showed the meetings promoted improvement where possible and kept staff informed.

The complaints records showed two complaints had been received, they were recorded, responded to, investigated and outcome recorded which was consistent with the settings procedure. The complaints were resolved in a timely manner and no further issues were brought to the manager’s attention.

Auditing arrangements for complaints, accidents, training, supervision and annual appraisal were inspected. The records showed the minimum standards were being adhered to and where possible improvements had been implemented. In conclusion the inspector was satisfied arrangements were in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals and the actions identified for improvement are implemented into practice.

A sample of Regulation 28 monthly quality monitoring visits (MMV) were inspected, these were monthly a mix of announced & unannounced visits and qualitatively reflect service users and staff views and opinions.

The last annual report was available for inspection; this reported on the required matters and noted improvements to be implemented.

Discussion with service users and staff evidenced that they felt the care provided was well led.

Staff described they felt this was a well led service because the day care workers promote safe and effective practice, they use rotas and programmes to ensure they can provide the right care at the right time and service users’ needs come first – “they are priority”. Finally staff said they pull together and do what we have to do.

Service users said they felt the service was well led because there were a number of assistant managers, manager and monitoring officer who supported staff in the day centre. They knew who was who because they had a board with everyone’s pictures and names on and if they were not happy they could complain to staff.

Three service users and/or relatives returned questionnaires to RQIA. All responses indicated that they were very satisfied that the care provided was well led.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff supervision and appraisal, quality improvement and maintaining good working relationships

**Areas for improvement**

No areas for improvement were identified during the inspection.

|  | 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 Carmel McGrath, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

## 7.1 Areas for improvement

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

## 7.2 Actions to be taken by the service

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

## Quality Improvement Plan

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

|   |   |
|---|---|
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 20 (1) (a) &amp; (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>30 November 2018</p> | <p>The registered person shall review of the staffing arrangements in August and the incident on 29 August 2018 to ascertain what arrangements the setting should have in place to prevent reoccurrence.</p> <p>Ref: 6.4</p>  |
|   | <p><b>Response by registered person detailing the actions taken:</b></p> <p>Staffing rota for 29<sup>th</sup> August 2018 has been reviewed by the Registered Manager who can confirm the following staff were on duty at the time of the incident:</p> <p>2 assistant managers, a Band 5 day care worker, an 'as and when required' former band 3 employee, an established agency staff member (in centre since May'18) and 2 student nurses.</p> <p>There were 12 service users in the centre on this date. Whilst the staff to client ratio was assessed as being safe and appropriate to meet assessed needs the registered manager has taken cognisance of the need to monitor the ratio of substantive staff and temporary cover in the future.</p> |



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