

Unannounced Care Inspection Report 10 May 2019



Millview Resource Centre

Type of Service: Day Care Service
College Square West, Bessbrook, BT35 7DG
Tel No: 02830830347
Inspector: Maire Marley

www.rqia.org.uk

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

Millview Resource Centre is a Day Care Setting with 30 places that provides care and day time activities for people living with physical disability and sensory impairment. The setting is open Monday to Friday and is closed for statutory holidays and also for a planned week of training.

3.0 Service details

Organisation/Registered Provider: SHSCT Shane Devlin (Registration Pending)	Registered Manager: Carmel McGrath
Person in charge at the time of inspection: Gemma Sloan	Date manager registered: 21 June 2013
Number of registered places: 30	

4.0 Inspection summary

An unannounced inspection took place on 10 May 2019 from 9.00 to 15.00.

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

RQIA, as a public-sector body, have a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care settings, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. People who attend day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. All day care settings should safeguard and promote service user choices and freedoms as they relate to the range of services being provided.

During the inspection evidence that the day care setting promoted service users' human rights particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement was observed. Service users were seen moving freely around the centre and making independent choices in regard to activities and food and drinks provided.

Indication of good practice was found throughout the inspection in relation to staff training and development, adult safeguarding and risk management. The care records were well maintained and confirmed a person-centred approach to care delivery.

It was evident the culture and ethos of the day centre promoted treating the service users with dignity and respect and maximising their independence. There was evidence of good overall governance and management systems and arrangements were in place for the registered person to formally obtain service users and their representatives' views on a monthly basis.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	1

Details of the Quality Improvement Plan (QIP) were discussed with Carmel McGrath, registered manager, deputy manager, and the day care worker 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 5 October 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 5 October 2018.

5.0 How we inspect

- Previous RQIA inspection report and QIP.
- All correspondence received by RQIA since the previous inspection

During the inspection the inspectors spoke with the registered manager, five staff members, a visiting professional and a number of service users. Service users were observed during the inspection participating in a range of individual and group activities.

Service users' comments:

- "Great place, the staff here are really good".
- "Very good and beneficial."
- "Brilliant staff team no-one could complain about them."
- "I am very safe here, no matter what your problem staff will listen and help."

Staff comments during inspection:

- "Team very good and really supportive of each other."
- "Treating service users with respect, giving them choices and promoting independence is what this centre is all about."
- "We get good support from the management team."
- "Excellent communication, briefed every morning and an induction when you return from unplanned leave."

A range of documents policies and procedures, relating to the day care setting were reviewed during the inspection and are referred to within the body of the report.

The findings of the inspection were provided to the registered manager and the management team at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 5 October 2018

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

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

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) (a) &(b) Stated: First time To be completed by: 30 November 2018	The registered person shall review the staffing arrangements in August and the incident on 29 August 2018 to ascertain what arrangements the setting should have in place to prevent re-occurrence.	Met
	Action taken as confirmed during the inspection: The information in the returned QIP, discussion with the registered manager and a review of records confirmed the staffing arrangements had been reviewed.	

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 registered manager Carmel McGrath has responsibility for four additional day centres and is based in Windsor day centre. Management presence in Millview resource centre consists of visits from the registered manager and two deputy managers. A record detailing the predicted hours management would be in the centre was examined, the record did not detail the hours actually worked in the centre and is an area identified for improvement. In the absence of the management team a day care worker assumes responsibility for the centre, appropriate competency and capability assessments for named staff were in place and up to date.

During the inspection it was noted that the needs of service users attending the day care centre have become more complex with a greater range of personal and therapeutic services provided however staffing levels have not increased to accommodate the complexity of need. The over-all staffing levels and skills mix of staff required to meet the current needs of service

users must be reviewed to ensure that the care delivered in the day care setting is safe. This is an area identified for improvement.

Duty records examined contained details of the number of staff on duty, hours worked, and information of the specific care duties allocated to staff. Records examined established there was a high absence of staff due to planned or unplanned leave, agency staff and Trust staff from other day centres had been utilised to facilitate some of the deficits. A review of the staffing roster for March and April 2019 evidenced that the planned staffing levels were not always adhered to. Discussion was held on the need to have a clear contingency plan in place that detailed the minimum number of staff and the skill mix required to maintain safe staffing levels. The registered manager reported that the Trust had devised such a plan and it had been forwarded for approval.

Discussion with the registered manager, staff and observations during this inspection verified that there were sufficient numbers of staff to meet the needs of service users accommodated in the centre on the day.

Effective arrangements are in place to support staff and include structured induction, training, supervision and appraisals. New staff receive a structured induction to ensure they are familiar with service users' needs along with the settings routines and procedures.

A review of the staff training records found that all staff had up to date mandatory training and had accessed additional training and development relevant to the needs of service users for example, Promoting good communication in the work place, Quality Improvement, Palliative care awareness, Principles of Civility, Nutilis training, Motor Neurone Disease.

The day care setting had arrangements in place to identify, manage and where possible eliminate unnecessary risks. There was evidence that comprehensive risk assessments and safety management plans were completed inclusive of service users and when appropriate their representatives. Risk assessments were personalised and included information specific to each person and their needs.

A range of health and safety risk assessments were in place and included fire risk assessments, fire safety training and fire drills. All staff had received up-to-date safeguarding and health and safety training appropriate to their role and were aware of how to identify and report concerns. The service undertook regular health and safety checks that ensured a safe environment was maintained. A fire risk assessment was in place and had been reviewed in 2018; the next review date was recorded on the document as 2020. A fire drill was undertaken in April 2019.

Arrangements had been implemented in regard to the recording and reporting of accidents and incidents via the Trust Datix system. Notifications of such events were submitted to RQIA as required. A review of the records confirmed that all accidents and incidents reportable and not required to be reported had been managed in a timely appropriate manner. Accident records viewed established that all accidents had been managed appropriately. Staff records relating to accidents or incidents were also maintained.

A review of the settings policies confirmed there was a policy and procedure on restrictive practice in keeping with Department of Health (DoH) Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and Human Rights Act (1998). It also included Deprivation of Liberty Safeguards (DoLS).

Staff consulted were very aware of the impact of human rights legislation within their work and the following comments indicated their understanding of their role in promoting service users rights:

- “Service users have the same rights as everyone else, they have the right to freedom of choice, involvement in decision making, right to full independence, dignity and respect.”
- “Human rights are concerned with promoting independence, ensuring people have choice and their decisions are respected.”
- “Treating people as equals, ensuring they have choice in all aspects of their care.”
- “During personal care duties I have a responsibility to promote peoples’ dignity, keep the service user informed about what I am doing and why I am doing it.”

Arrangements were in place to ensure service user care records and staff -personnel records were stored securely in line with General Data Protection Regulation (GDPR) which meant people could be assured that their personal information remained confidential.

Safeguarding and whistleblowing policies and procedures were in place to help protect service users and help minimise the risks of abuse. Safeguarding procedures were understood by staff members who were interviewed, they confirmed that practice throughout the centre was of a high standard and that training had been provided for all staff in 2018. It was noted that the policies and procedures were in line with the regional guidance and the Trust had an Adult Safeguarding Champion. The registered manager confirmed that the organisation’s safeguarding position report was in the process of being developed and would be available in March 2020.

Observation of the environment was undertaken during a walk around the day care setting, this confirmed that the environment was warm, clean, fresh smelling and had suitable lighting. The standard of hygiene observed throughout the centre was found to be good and in the main relevant infection prevention measures were in place. However it was noted that the male toilets were in need of redecoration, paintwork was badly chipped and peeling and the urinals required attention. This is an area identified for improvement as they pose infection risks.

Three staff provided their views electronically to RQIA regarding the quality of service provision and responses indicated satisfaction in regard to this domain. One comment referred to, “Very short staff.”. This comment confirmed the need to review the staffing levels as detailed above.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment and management, fire safety, the physical environment, staff training and support, and adult safeguarding.

Areas for improvement

Three areas for improvement was identified during the inspection in relation to reviewing the over-all staffing and skills mix required to meet the current needs of service users, ensuring the hours management actually work in the centre is recorded and reviewing the male toilets to ensure they are appropriately maintained.

	Regulations	Standards
Total number of areas for improvement	2	1

6.5 Is care effective?

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

The centre's Statement of Purpose and Service User Guide were reviewed and revealed that the documents reflected the elements set out in the regulations and standards. It was good to note that the documents contained information on the rights of service users. Minor errors were noted in regard to the management arrangements within the document. The management team amended the document promptly.

Pre-admissions assessments are completed and referral information received prior to a service user commencing day care to ensure the care and support they required was understood by staff. Each person is provided with a service user guide that informs them of their right to full involvement in all aspects of their care. Information on how to raise a concern or complaint regarding the quality of care is included. It was evident from records viewed and staff discussion that the centre organised and delivered services to meet individual needs and took account of individual preferences.

Care planning documentation was in place for each service user and was written in a way that ensured care delivered was current, care records were available to relevant staff.

Records included referral information, service user agreement, contact information and personal outcomes. A range of assessments were carried out and were specific to each person needs, for example moving and handling, falls risk, behaviour that may challenge, swallowing and choking and transport. Each care plan included the rights of service users and improving their outcomes. The assessments provided information to staff that assisted them to minimise risks and to keep service users safe and included a detailed care plan.

It was noted that information in the service user agreement was limited and did not include all the elements set out in The Day Care Settings Minimum Standards. The agreement should detail the fees or charges payable, and the arrangements for reviewing the agreement. This is an area identified for improvement.

Records of annual care reviews for each service user demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. A written review report was available in files examined and included the views of the service user and/or their representative and was informed by the written progress notes. It was noted that the comments made by service users during their annual reviews were all very positive. Records examined were signed and dated and there was evidence that a regular audit of the documentation was undertaken.

There was evidence that the advice and input of other professionals had been requested when necessary and that staff worked closely with these professionals to deliver care that was effective and person centred. Discussion with a visiting physiotherapist assistant established that staff reported concerns or improvements in regard to service users in a timely manner. This professional expressed that the care they observed in the centre was of a high standard and was both safe and effective.

Systems to promote effective communication between staff, service users and their representatives were reviewed during the inspection. There was evidence to indicate that communication supported the protection and promotion of individualised and person centred care for service users.

Staff were knowledgeable regarding service users’ needs and care plans; they described how intervention with each service user was person centred depending on their individual needs. To ensure continuity of care staff checked daily to ascertain if there were any changes or updates they needed to be aware of.

The interactions observed between staff and service users throughout the inspection confirmed that staff were suitably skilled and effective in communicating with all service users. There was good evidence of person centred interventions that assured service users were involved and communication opportunities maximised.

Discussion with staff and service users with regards to the provision of effective care included the following comments:

Service Users’ comments:

- “The staff are really good, initially I did not want to come to a day centre but I am so glad that I gave it a try, since my accident I am starting to get my life back.”
- “I think the care I get here is very effective, the staff know me and they encourage me to keep going.”

Staff comments:

- “The care we provide is very effective, as it is person centred.”
- “We provide the service users with a range of choices and ensure their independence is promoted”.
“Service users’ human rights are to the fore at all times.”

All service users and staff consulted on the day expressed positive views on the quality of service provided and on the confidence they had in the practice of their colleagues.

Areas of good practice

There were examples of good practice found in relation to assessment of needs and risk assessments, audits of records, communication between service users, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

This inspection sought to assess the day care setting’s ability to treat service users with dignity, equality and respect, and to fully involve services users in decisions affecting their care and support.

Discussions with service users and staff and observation of care during the inspection showed that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the day centre. Staff interactions with service users were observed to be respectful, compassionate, caring and timely, with staff providing clear information, using appropriate language and demonstrating active listening skills.

Service users confirmed that they would be comfortable speaking with staff or management if they had any concerns or complaints. The day care setting's Statement of Purpose and Service User Guide provides information on how to make a complaint and the importance of ensuring the opinions and feedback of service users is heard and addressed.

Throughout the day staff were observed to stimulate and encourage service users to participate in a range of therapeutic and rehabilitation activities that promoted positive outcomes for their health and well-being and encouraged meaningful social engagement. In discussions with service users, it was very evident that they were proud of their centre and the contribution they made to its success. They spoke highly of their activities and how these promoted their involvement in the community, such as holding Craft Fayres and displaying their art in the local library. In addition they had cultural days out, participated in pottery, gardening, yoga, health and beauty activities which they planned. There were measures in place that confirmed all service users, irrespective of their needs were supported and encouraged to have equal opportunity for access to meaningful activities and engagement with others.

Staff described the informal arrangements in place that ensured service users are consulted on a daily basis and their views and opinions sought. This included daily ongoing discussions with service users and checking out before the commencement of each activity that people were willing to participate. More formal arrangements to promote effective communication with service users and/or their representatives were facilitated through care reviews and service user meetings. A sample of the minutes of these meetings were reviewed and provided evidence of service user involvement in the decision making process.

Evidence of additional opportunities for service users and their carers to express their views was contained in the annual satisfaction survey undertaken and reported on in the Annual Quality Report 2018.

A review of the records of the monthly monitoring visits found that the views of service users and their carers were sought on each occasion and reflected in the report of the visit.

Discussion with service users with regards to the provision of compassionate care included the following comments:

- "Staff are excellent, you wouldn't find any better."
- "Everyone makes time for you, we always have great craic and no one is made to feel different"
- "I enjoy coming here, I meet up with friends and I always enjoy my day."
- "We decide what we are going to do."

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 during the inspection of this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

The inspection was facilitated by the day care worker who was the person in charge and demonstrated a very good understanding of The Day Care Setting Regulations, minimum standards and the systems and process in place for the daily management of the day centre. The registered manager as previously stated has responsibility for an additional four centres in the Trust area however joined the inspection for a period of time and was provided with feedback on the findings of the inspection.

During the inspection the setting's leadership, management and governance arrangements were assessed and found them to be in line with good practice and the regulatory framework. Inspection of the premises confirmed that the current RQIA certificate of registration was displayed within a prominent position.

There was a clear organisational structure and staff consulted demonstrated knowledge of their roles, responsibility and accountability. Arrangements are in place to ensure the registered provider is kept informed regarding the day to day running of the day centre through, for example, monthly monitoring visits made on behalf of the registered provider and senior management meetings.

The registered manager discussed her commitment to driving improvement in the service and described the importance placed on supporting and valuing staff to develop and improve their skills and knowledge base.

A range of policies and procedures were in place to guide and inform staff, during the inspection staff discussed their knowledge of policies in regard to whistleblowing, safeguarding and complaints, it was evident they were fully familiar with the action required to be taken by them in the event of any concern. From the discussions with staff it was evident they enjoyed working in the day care setting and enjoyed good working relationships with their colleagues.

There are arrangements in place to ensure staff are registered with the relevant regulatory bodies of the Northern Ireland Social Care Council (NISCC). Information regarding staff registration details and renewal dates were maintained. The registered manager confirmed that staff were aware that a lapse in their registration would result in the staff member being unable to work within the centre until their registration was suitably updated.

Review of staff supervision records established that due to unplanned leave supervision was not in keeping with the minimum standards; however records showed that supervision for the forthcoming year had been planned and dates organised for every quarter.

The complaints and compliments record examined found the centre had received numerous compliments and evidenced a high level of satisfaction with the service provided. One complaint had been received since the last inspection and there was evidence that the complaint had been investigated and resolved to the person's satisfaction. The learning from the complaint had been shared with staff. Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the registered manager was made aware of any complaints. Information on the complaints procedure was displayed in areas throughout the day centre.

Records examined provided evidence that regular staff meetings were held and records of the meetings maintained. The record included the names of staff in attendance and agenda items. Relevant information was discussed regarding the needs of service users, forward planning and the arrangements to ensure the delivery of safe and effective care. Staff unable to attend the meeting signed and dated the minutes to confirm that they had read them.

The inspector can confirm there was evidence of arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. A range of audits are undertaken weekly and monthly and included health and safety audits, audits on care records, cleanliness audits, staff training, supervision, fire prevention and checks on professional registration.

The Regulation 28 monthly quality monitoring visit reports for the past three months were reviewed and found to be unannounced visits. The reports were found to be satisfactory and adhered to the elements specified in Regulation 28.

The inspectors discussed the measures in place in relation to promoting equality of opportunity for service users and the importance of staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager discussed the ways in which staff development and training enabled them to engage with a diverse range of service users. It was confirmed that no issues regarding equality had been raised by service users to date.

Some of the areas of equality awareness identified during the inspection included:

- effective communication
- service user involvement
- equal care and support
- individual person centred care
- individual risk assessment

The day centre had collected equality data on service users such as; age, gender, race, disability, marital status via their referral information.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and compliments, incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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, deputy manager and day care worker, 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>Area for improvement 1</p> <p>Ref: Regulation 20 (1)</p> <p>Stated: First time</p>	<p>The registered person shall review the over-all staffing and skills mix required to meet the current needs of service users accommodated in the centre.</p> <p>Ref 6.4</p>
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<p>To be completed by: 30 June 2019</p>	<p>Response by registered person detailing the actions taken: Specific training is on-going with agency staff to meet service users' needs in medicines management, entreal feeding and trachea suctioning Developing skills and provision of specific training is on-going with staff in other teams who assist with backfill when contingency measures are required. Duty Rotas are completed taking cognisance of numbers and the assessed needs of those due to attend each day The contingency plan referred to in the report has been finalised and identifies actions required when staffing levels are reduced to ensure safe service is provided to meet the assessed needs of service users.</p>
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<p>Area for improvement 2</p> <p>Ref: Regulation 26 (b) and (d)</p> <p>Stated: First time</p>	<p>The registered person shall review the male toilets and ensure the toilets are appropriately maintained.</p> <p>Ref. 6.4</p>
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<p>To be completed by: 30 June 2019</p>	<p>Response by registered person detailing the actions taken: A request to have the male bathroom redecorated was submitted to the Trust Maintenance department on 17th May 2019. The contractor has advised he hopes to complete this work on Saturday 6th July 2019.</p>
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Action required to ensure compliance with the Day Care Settings Minimum Standards

<p>Area for improvement 1</p> <p>Ref: Standard 23.7</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the actual hours the management team work in the centre is recorded.</p> <p>Ref 6.4</p>
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<p>To be completed by: 30 June 2019</p>	<p>Response by registered person detailing the actions taken: Whilst a management rota continues to be in place the Centre's duty rota has been reviewed in week commencing 13th May 2019 to include recording of actual hours worked in the Centre by the management team. This is now recorded on the duty rota each week and copies of the duty rotas are held on file in the Centre.</p>
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Please ensure this document is completed in full and returned via Web Portal



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