

# Unannounced Care Inspection Report

## 13 June 2017



## Millview Resource Centre

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

[www.rgia.org.uk](http://www.rgia.org.uk)

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 disability and sensory impairment. The setting is open Monday to Friday.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Southern HSC Trust <b>Responsible Individual(s):</b> Mr Francis Rice	<b>Registered Manager:</b> Ms Carmel McGrath
<b>Person in charge at the time of inspection:</b> Carmel McGrath	<b>Date manager registered:</b> 21 June 2013
<b>Number of registered places:</b> 30 - DCS-PH, DCS-SI	

### 4.0 Inspection summary

An unannounced inspection took place on 13 June 2017 from 10.15 to 15.30

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 recruitment, induction, training, adult safeguarding, infection prevention and control, risk management and the home's environment that promoted safe care. Care records, and reviews, communication between residents, staff and other key stakeholders was promoting effective care. The culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users promoted compassionate care and governance arrangements, management of complaints, quality improvement and maintaining good working relationships was achieved through sound leadership and management practices.

Areas requiring improvement were identified regarding promoting service user's goals and personal objectives

Service users said: "the food is good" in the setting and "the care is good". They described the activities they like to do in the setting and that there was something for everyone.

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	1

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 22 August 2016**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 22 August 2016.

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

Prior to inspection following records were inspected:

- The registration details of the day centre
- Information and correspondence received from the registered manager and Southern Health and Social Care Trust
- Incident notifications which revealed no incidents had been notified to RQIA since the last care inspection in August 2016
- Unannounced care inspection report 22 August 2016.

During the inspection the inspector met with:

- The registered manager
- Two care staff
- One visiting professional
- Two service users.

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. Four were returned by service users, three were returned by staff and four by relatives.

The following records were examined during the inspection:

- Two individual staff records
- Three service users care files
- A sample of service users' daily records
- The complaints/issue of dissatisfaction record from April 2016 to June 2017
- A sample of incidents and accidents records from August to June 2017
- The staff rota arrangements during May and June 2017
- The minutes of two service user meetings held in February and April 2017
- Staff meetings held Weekly in May and June 2017
- Staff supervision dates for 2017
- Two monthly monitoring reports for April and May 2017
- The staff training information for 2016 and 2017
- The statement of purpose.

Four areas for improvement identified at the last care inspection were reviewed and assessment of compliance was three were recorded as met, and one as not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 22 August 2017**

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 22 August 2016**

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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 17 (1) (2) (3) <b>Stated:</b> First time	The registered manager must 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.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector was advised the annual report in compliance with regulation 17 (1) had not been completed and therefore this is carried forward to the QIP for this inspection to ensure improvement in this regard.	

<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>  <b>Ref:</b> Standard 23.3  <b>Stated:</b> First time	The registered provider should make appropriate arrangements for a competency assessment to be completed with the day care workers who assume responsibility for the registered manager in her absence. The competency assessment should evidence the staff are willing and able to undertake the role and responsibility understand what this involved and have the right knowledge and skills to act up in this capacity.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The competency assessment was made available for inspection and provided evidence this had been improved.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 21.1  <b>Stated:</b> First time	The registered provider should improve the induction record for new staff that commence in the day care setting. The induction should provide evidence that staff have the skills, experience, knowledge and understanding of their role and responsibility to work safely with service users in this setting post induction. NISCC induction standards could be referred to.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The new format had been developed and new staff had started using this as part of their induction.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 18.5  <b>Stated:</b> First time	The registered provider should make appropriate arrangements for the settings policies and procedures to be reviewed. Arrangements must also be put in place to ensure the settings policies and procedures are subject to a systematic three yearly review	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> The policies and procedures had been reviewed and the day care setting management team were organising a staff access electronic file to store all current policies and procedures that will be compliant with Appendix 2.	

### 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 two individual staff files, the staff rotas for May and June 2017, discussion with staff and the observation of care during the day confirmed there was qualified, competent and experienced persons working in the centre to meet the assessed needs of the service users. The number of staff available to provide care presented as sufficient, taking into account the size and layout of the premises, the number of service users, fire safety requirements and the statement of purpose.

Records were kept of staff working each day, the capacity in which they worked and who was in charge of the centre which was compliant with Standard 23.7. The registered manager's presence in the setting was not always clear in the record therefore advice was given to make this explicit in the record. A competency and capability assessment had been completed for the staff member who was in charge of the centre in the absence of the manager and this revealed the staff member had received adequate training and was assessed as competent to undertake this role and responsibilities.

An induction programme was in place for new staff that had commenced their post in this setting since the last inspection. The current induction programme was provided for this inspection and it was noted this included a competency based model that required staff to reflect on their understanding of service users' needs and practice.

The most recently employed staff members staff file was examined which revealed recruitment practices included verification of matters described in Regulation 21, Schedule 2, and Standard 20.

The settings accident and incident records were inspected, this revealed staff had responded to service users incidents and accidents by providing a caring response to the service user after the incident. The incidents were effectively documented and showed staff were cognisant of safety and potential risks and actions aimed to prevent reoccurrence. The incidents/notifiable events did not require reporting to RQIA and an audit of accidents and incidents identified any patterns or concerns.

At the time of the inspection there were no restrictive practices in place for individual service users. Service users using wheel chairs were supported to maintain a safe and comfortable position which may have included using a belt on the chair and one service user's whereabouts was observed to ensure they were safe. These personal safety plans were implemented by staff subtly to protect service user's dignity and privacy.

The environment was observed and this found infection prevention and control measures were in place, the setting was clean & tidy and the group's rooms were not overcrowded with service users.

Fire safety precautions were in place such as fire exits were not obstructed. The last fire drill took place in January 2017 and this did not reveal any concerns regarding evacuation, weekly checks were undertaken to ensure fire equipment and measures in place were working. The fire risk assessment was last reviewed in November 2016 and the action plan had been responded to.

Discussion with service users regarding is care safe revealed they knew that staff were around to support them if they needed it and they asked for help they would get the best care. Four service users returned questionnaires which identified they were very satisfied with the safe care in the setting. They felt safe and protected from harm, could talk to staff, the settings environment met their needs; and they knew how to leave the setting safely if the fire alarm sounded.

Relatives questionnaires identified they were very satisfied care was safe in the day care setting. Their relative was protected from harm; they could talk to staff if they had concerns; and the environment was suitable to meet their relative's needs.

Discussion with a visiting professional revealed they had received very positive feedback from a service user who had moved on from the day care setting into nursing care. They said they missed day care. The professional described staff in the setting as vigilant, they work well between encouraging independence and caring, and was satisfied risk assessments were being used to avoid unnecessary risks and manage risk.

Discussion with staff revealed they were aware of the service users risk assessments and care plans which they needed to be familiar with to ensure the right care was given at the right time, in the right place. They described service users safety was paramount and ensured care plans were up to date; equipment was clean and well maintained; and there was enough staff to provide the right care. Staff also identified they communicate well with each other, receive good training and work well together to ensure needs are met.

The staff questionnaires identified the staff were very satisfied the care was safe in this setting. The service users were safe and protected from harm, they had received training including safeguarding, they would report poor practice, risk assessments were in place and they receive support from the manager.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, adult safeguarding, infection prevention and control, risk management and the home's environment.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

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

## 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 users guide was sampled and the content was broadly consistent with the day care setting regulations and day care settings standards.

Three service user's individual care files were inspected. They included the service user's individual assessments and care plans. Their written agreement set out their terms of their day care placement and evidence of timely review of the care plan and assessment was recorded. Records were stored safely and securely in the manager's office but could be accessed by staff if required during the day. Service users' information included a document called important to me and important for. They described from the service user's perspective what they wanted people to know about them. However personal objectives were not recorded, planned for; or reviewed. A recommendation was made to improve the recording of and planning for service user's goals and personal outcomes.

Observation of care during the inspection observed staff actively responding to service user's behaviour, non-verbal communication and verbal communication. They sought service user's preferences and ensured they were supported and enabled to take part in activities of their choice.

Discussion with service users revealed they felt staff knew everyone's needs and had the right knowledge to meet their needs. The service user questionnaires identified they were very satisfied care was effective in this setting. They were getting care at the right time, in the right place with the best outcome, staff communicate with them; know each individuals needs and choices, staff encourage independence and the service users are involved in their day care setting placement.

The returned relatives questionnaires identified they were very satisfied with the effective care in this setting. The care was being delivered at the right time, in the right place, with the best outcome; staff were communicating effectively; staff were aware of their relative's needs and preferences; staff encourage independence; and they were involved in the care.

Discussion with a visiting professional revealed communication between referring professionals and staff was good. They described staff had contacted the professional when they had concerns to ensure they were achieving the best outcome.

Discussion with staff revealed they promote service users independence and skills in the setting, they understood each individuals abilities and were informed regarding service users individual needs from their records and assessments. Staff described they need to communicate effectively with service users and seek feedback from them to ensure what they are doing is right and they were clear all of the service users were different. Staff were knowledgeable of when and how they needed to escalate concerns which assured they were informed regarding their safeguarding and caring role and responsibilities.

The staff questionnaires identified staff were very satisfied care was effective in this setting. Service users get the right care, at the right time, in the right place; service users were involved in their care, staff have experience, skills and knowledge of service users care plans to support service users; and they respond to service users in a timely manner.

**Areas of good practice**

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

**Areas for improvement**

One area for improvement was identified regarding promoting service user’s goals and personal objectives

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

**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.**

Observation of care found staff were enabling and supporting service users to engage and participate in meaningful activities or their choice, their hobbies and interests. The service users were observed as accepting of the support and enjoyed lively and friendly conversation and interaction between themselves and staff throughout the inspection. Activities on offer for service users during the inspection were craft/ art activities, gardening, furniture upscaling, Tai chi and charades. Service users were encouraged to use their memory by recalling knowledge, and to use fine motor skills in activities. Using these skills in the day care setting has the potential to improve service users’ outcomes, develop and maintain skills, levels of independence and encourage social interaction in the group.

The setting had held two service users meetings in 2017 and the feedback assisted in planning activities. The service users meetings were promoting effective communication between service users and staff however it was also noted staff sought service users’ views and feedback throughout the inspection regarding food, activities, and comfort to ensure their needs were being met.

The annual service users’ quality assurance survey was completed by a student social worker and the outcome, action plan was being written at the time of the inspection.

Discussion with service users and observation of interactions showed service users being treated with dignity and respect while promoting and maintaining their independence. The service users said the staff ask for their choices and preferences throughout the day. The questionnaires returned by service users identified they were very satisfied that care was compassionate in this setting. They were treated with dignity and respect, involved in their care, and their privacy was respected.

The relative’s questionnaires identified relatives were very satisfied care was compassionate in this setting. Their relative was treated with dignity, involved in their care, treated well and staff advocate for them. One relative wrote “(name) is treated very well. The staff are very understanding and helpful”.

Discussion with the visiting social worker found they were impressed with the care staff took to involve service users in decisions, staff asked service users for their choices and respected their views.

Discussion with staff found they were aware of their role to promote and maintain service users' independence in the setting. They said every service user was an individual and they adapted their care to the needs of service users, their choices and preferences. Staff identified a key task in their caring role was giving service users time to talk and time to receive quality care, this was observed during the inspection. They described respectful, appropriate, timely practices that promoted service users right to privacy and dignity.

Staff questionnaires identified they were very satisfied the care was compassionate in this setting. Service users were treated with dignity, involved in decisions, were listened to, independence was encouraged and service users views were being used to improve the service.

**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.

	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 contained the most current information and was displayed appropriately. There was a range of policies and procedures in place to guide and inform staff which were being improved at the time of the inspection.

Staff supervision dates were provided for this inspection and this revealed staff had received recorded individual, formal supervision at least every three months. The staff meeting minutes were inspected for May and June 2017, they were held weekly. The minutes found staff discussed and planned how to deliver safe, effective and compassionate care.

One complaint had been recorded which was fully resolved. The complaints record was maintained and made available for inspection.

The arrangements & evidence in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals was the management teams

review of practice and the Regulation 28 monthly quality monitoring visits (MMV). This included audits, recorded outcomes and an action plan. The MMV were undertaken monthly, were unannounced and qualitatively reflected service users and staff views and opinions.

The last annual report was not provided for the inspection and the registered manager was directed to the guidance available from the RQIA website and the matters that must be included in the report. A requirement is made for this to be completed and returned with the QIP to RQIA. This was an improvement stated in the last inspection and is stated for a second time in this QIP.

Discussion with service users confirmed they knew who the manager was in the setting however, they verified they would go to any staff if they had a problem. The service users questionnaires identified they were very satisfied with the leadership in this setting. They felt the setting was managed well, they knew who the manager was, they could talk to the manager if they were unhappy and the staff respond well to issues, concerns or suggestions.

The returned relative's questionnaires identified they were satisfied care was well led in the setting. The setting was managed well, they knew who the manager was, staff are approachable and there is good communication in place.

Discussion with a visiting professional revealed they knew who the management team were in the setting however they confirmed they mostly communicate with the key worker's. They identified they are often seeking additional days because service users like what they do here and it is a well-managed setting.

Discussion with staff revealed staff felt well supported by their manager. The staff described they do support each other. The manager was described as accessible and had attended team meetings. The staff described they are all asked to contribute to developing and improving practice. There was good lines of communication between the team and they were working well together.

The staff questionnaires identified they were very satisfied the setting is well led. The service was managed well, quality monitoring was undertaken regularly, concerns or complaints were responded to, staff meetings were held and communication between staff and the manager was effective.

### **Areas of good practice**

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

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<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 to [Day.Care@rqia.org.uk](mailto:Day.Care@rqia.org.uk) for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 17 (1) (2) (3)  <b>Stated:</b> Second time  <b>To be completed by:</b> 08 August 2017	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.  Ref: 6.2 & 6.7  <b>Response by registered person detailing the actions taken:</b> Annual Review was completed on 11/07/17 and is available on file.
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 5.2  <b>Stated:</b> First time  <b>To be completed by:</b> 08 August 2017	The registered person shall improve the recording of, planning to meet and review of service user's personal objectives for day care.  Ref: 6.5  <b>Response by registered person detailing the actions taken:</b> Personal objectives have previously been recorded on a separate PCP document and are now being transferred to individual service user care plans. this process has commenced and will be be completed by 08/08/17.

*\*Please ensure this document is completed in full and returned to [Day.Care@rqia.org.uk](mailto:Day.Care@rqia.org.uk) from the authorised email address\**



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