

Unannounced Care Inspection Report 22 August 2016



Millview Resource Centre

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Millview Resource Centre took place on 22 August 2016 from 10.30 to 16.45 (24 hour clock).

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

Is care safe?

The inspection of: three service users' individual care files; staff records such as induction records, competency assessments, duty rotas, supervision and training; observations of the setting; discussions with service users and staff; and observations of care evidenced the care delivered was consistent with the settings statement of purpose and ethos.

The staff in Millview resource centre were observed responding to a range of service users' needs. The service users described feeling safe in Millview. They gave examples of how they were supported in the day care setting by undertaking activities, by spending time with staff and other service users. The staffing levels were responsive to service user's needs, welfare and safety. The premises presented as safe on the day of the inspection.

Overall the inspection of "is care safe?" concluded the minimum standards inspected were being met on the day of the inspection. Two recommendations were made to ensure the competency assessment is in place for the staff who act up in the manager's absence; and the induction process should be improved for new staff.

Is care effective?

The inspection of three service users individual care records; discussion with the service users; and staff concluded care was being delivered at the right time, in the right place, and with the best outcome. Individual care needs had been assessed and the outcome was written into a plan with the service users. Review and monitoring arrangements were in place to review the effectiveness and quality of care delivered to service users.

Overall the inspection of "is care effective?" concluded the minimum standards inspected were being met on the day of the inspection. No areas for improvement regarding this domain were identified during this inspection.

Is care compassionate?

The inspection of records, observations of practice and discussions with staff and service users revealed that service users were being treated with compassion, dignity and respect. Furthermore they were encouraged by staff to be involved in decisions affecting their care and support. Staff were observed listening to service users, valuing their views and communicating with them in a supportive and caring manner.

Overall the inspection of "is care compassionate?" concluded the minimum standards inspected were being met on the day of the inspection. No areas for improvement were identified regarding this domain during this inspection.

Is the service well led?

The discussion with staff and service users confirmed they were informed regarding the management arrangements and the staffs role and responsibilities. Documents and records such as audit records, monthly monitoring reports and evidence of staff support demonstrated there were clear arrangements in place to promote quality improvement throughout the setting. However, the annual report had not been written and the policies and procedures should be reviewed to ensure staff are correctly informed regarding policy and procedures

Overall the inspection of “is care well led?” concluded the minimum standards inspected were partially being met on the day of the inspection. Two areas for improvement were identified regarding the annual report for 2015/2016 which must be completed and sent to RQIA; and the settings policies and procedures should be reviewed to ensure they are relevant and current.

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

1.1 Inspection outcome

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

Details of the Quality Improvement Plan (QIP) within this report were discussed with Darren Campbell, Assistant Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent estates inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent estates inspection on 07 June 2016.

2.0 Service details

Registered organisation/registered person: Southern HSC Trust/Mr Francis Rice	Registered manager: Carmel McGrath
Person in charge of the service at the time of inspection: Darren Campbell	Date manager registered: 21 June 2013
Categories of care: DCS-PH, DCS-SI	Number of registered places: 30

3.0 Methods/processes

Prior to inspection following records were analysed:

- 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 two incidents had been notified to RQIA since the last care inspection on 16 February 2016
- Announced estates inspection report 07 June 2016 and trust response to the inspection
- Unannounced care inspection report 16 February 2016 and trust response to the inspection.

During the inspection the inspector met with:

- The deputy manager
- Three staff
- 17 service users.

Questionnaires were given to the assistant manager to distribute between service users, representatives and staff in Millview. Four were returned by service users, one by staff and none by relatives.

The following records were examined during the inspection:

- Three service users' care files including a sample of service users' daily records
- The complaint/issue of dissatisfaction record which had one entry recorded for this inspection period
- A sample of incidents and accidents records from February to August 2016
- The minutes of four service user meetings held in May, June and July.
- A sample of the weekly team meeting minutes for August and September 2016
- Staff supervision dates for 2015 & 2016
- Five staff records
- Three Monthly monitoring reports from April to June 2016
- Staff training information for 2015 and 2016
- The staff rota for July and August 2016
- Statement of Purpose
- Service Users Guide.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 07 June 2016

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

4.2 Review of requirements and recommendations from the last specialist inspection dated 16 February 2016

There were no requirements or recommendations made as a result of the last care inspection.

4.3 Is care safe?

Discussion with the registered manager at the beginning of the inspection revealed the day centre staffing roles and responsibilities had remained the same. Staff had left or were absent and posts were being covered by acting up arrangements or agency cover since the last inspection. Two staff members were on the rota as covering the manager's role and responsibilities when the manager or assistant manager is not in the building. The competency assessments for these staff had not been completed at the time of this inspection. Therefore there was no written evidence to assure RQIA that the staff were willing to act up in the manager's absence. The competency assessment should also evidence the staff understand their role and responsibility, have the right knowledge and skills to act up in this capacity. A recommendation is made to improve this. During the inspection discussion with one of the day care workers and review of their staff file did show they had received training to act up in this capacity, they were receiving an induction and this acting up role had been discussed in detail in supervision. Therefore there was evidence this member of staff had received an induction to ensure service users were being looked after safely.

Staff members on duty discussed what makes their practice safe and responsive to service users' needs. They stated the day care workers were supportive to them and were providing a link between the management team and the staff. They identified the current numbers of service users and staff numbers was a safe ratio. They said they were meeting the service users' assessed needs; and delivering care as described in the care plans. They described seeking advice from specialist professionals when necessary to ensure the care plans are meeting needs in the best way possible. They focus on improving service user's physical and mental wellbeing. They also discussed enabling service users to develop skills that they can use independently outside of the setting. Examples of this were yoga, creative projects, reminiscence, pottery, quizzes and Boccia.

Overall the on the day of the inspection staffing arrangements presented as safe and enabled staff to actively work individually with service users, as well as the group, to improve outcomes for service users in the short and longer term.

The management team and day care workers produce a record of who is working and in what capacity. This is reviewed daily with the staff team. The records from 04 July till 22 August were inspected and these were compliant with standard 23.7.

All of the service users were consulted with during the inspection regarding the care they were receiving in the day care setting. They described the day centre was like a community for them that they can feel safe in and trust will support them safely.

The staff on duty said they discuss openly what staff will do and work together to make sure each individual gets their needs met. They identified the environment can be busy due to wheelchairs and mobility aids used by service users. They were aware they needed to make sure there was room for others to walk around safely and promote all service users independence. The staff said if they had any concerns regarding safe practice or individual

service users they would discuss this with their colleagues or the management team; who were described as accessible and supportive. Staff confidently discussed examples of how they would respond safely to potential for incidents and risk. For example they know each service user's care plan; are observing for changes or unusual behaviours; they discuss potential changes as soon as they are identified with the service users, staff and or relatives; they ensure walk ways are free from clutter; walking aids are within service users reach; and all service users have an opportunity to give their views, opinions and preferences; they would discuss concerns with the management team without delay; they would refer to the local policies and procedures if they were unsure of what to do; and they were clear they can keep developing and improving safety in the setting by being observant and responsive to need. The discussion with staff confirmed they were proactively promoting safe care for service users in this setting.

Staff supervision arrangements were inspected and the supervision meetings between staff and their supervisor were planned and recorded on a schedule. Some sessions had been missed and the assistant manager was reminded a minimum of four sessions should be recorded annually for each staff member.

Three staff induction records were inspected. The information recorded was based on the trusts policies and procedures. The induction did not assess if staff had the skills, experience, knowledge and understanding of their role and responsibility to work safely with service users in this setting post induction. The potential to incorporate the NISCC induction standards into the induction process was discussed with the manager. In conclusion to ensure compliance with Standard 21.1 the induction process and recording should be improved; a recommendation is made in this regard.

The staff training record was inspected from February 2016 to August 2016. The staff had received mandatory training and training specific to service users' needs in a five day training block. This included medicines management and fire training. Five of the day centres in this programme of care had met to do this training together. Staff said this was a benefit as they could share practice. Seven staff evaluations post training were sampled; and they all complimented the content and delivery of the training.

There were specific systems in place that staff use to identify and plan to avoid unnecessary risks to the service user's health. Examples of documentation were the assessment of need and risk, service user's self-assessment, review documentation and incident and accident recording. Three of these records were inspected and provided evidence that staff had safely identified and planned to meet service user's welfare and safety needs.

This day care setting was described by the assistant manager as a centre that has a strong community and activity focus. During observation of activities and taking part in an reminiscence activity it was clear staff are promoting individuals independence skills, emotional wellbeing, confidence and to fully experience the benefits of social interaction between service users and staff. The care is delivered in a range of rooms and outside areas that offer space for small groups, physical activity, crafts and computer skills. There is also a dining area and bathrooms, which were all observed as accessible. The day centre environment presented as functional for this group, warm, comfortable and promoted freedom of movement for all service users. No obvious hazards internally or externally were noted. Overall the inspection of the premises and grounds identified they presented as safe, well maintained and suitable for their stated purpose.

Four service users returned questionnaires to RQIA regarding this inspection. They identified they felt safe in the setting; they could talk to staff if they were unhappy, the setting is

comfortable, they could tell someone if they were worried about someone being treated badly and they knew what to do if the fire alarm sounded.

One staff member returned a questionnaire. They responded the care was safe because they had received training to care for service users safely, there are risk assessments and care plans in place for service users, they would report bad practice and they receive support to fulfil their roles and responsibilities

Areas for improvement

Two areas of improvement were identified regarding ensuring a competency assessment is in place for staff who act up in the manager's absence and improving the induction for new staff commencing in this setting.

Number of requirements:	0	Number of recommendations:	2
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4.4 Is care effective?

The content of the Millview resource centre statement of purpose was sampled. Cross referencing the content with the outcomes of this inspection it was evident this document described the purpose of this service accurately and effectively. For example "Millview Resource Centre provides Day Care for adults with a Physical Disability, Sensory Impairment or Brain Injury aged 18-64 living within the Trust's catchment area, for the core purpose of rehabilitation, ongoing support and or respite. The Day Care staff work in partnership with Service Users, Carers and other professionals/agencies to enable/empower persons with a disability to access a wide range of opportunities to meet their assessment needs, to maximise personal development and improve quality of life."

The inspection of three individual service user files and activity plans evidenced the description of the service in the statement of purpose was being put into practice. For example the assessment had been completed with service users after the commencement of their placement. This was used to draw up a plan with the service users; which had been reviewed at least annually. The staff had recorded they had met regularly with the service user to assess progress with the plan and also sought feedback regularly regarding the range of activities available and suggestions for future projects. The assessment, planning and review recording showed this process was led by the needs and views of the service users. This process had empowered the service users to be involved in managing their own health; raise any concerns they had; and to discuss changes in their needs or preferences. In summary there was clear examples of staff enabling and empowering service users to access opportunities and identify what they need to improve their quality of life. One staff member identified an example where a service user's preference was in conflict with trust policy and staff role and responsibility. They discussed they did not ignore the service users preference and used this opportunity to discuss the possibilities with the service user. They acknowledged this did not meet their expectations but did enable an agreement for the way forward and improved outcomes for the service user.

The record keeping formats had been produced and completed in accordance with legislation, standards and best practice guidance. For example risk assessments had been completed when necessary, and were reviewed. When a risk assessment was written, the care plan incorporated the outcome of the assessment and the risk assessment.

The activity schedule was written in advance with service users which allowed for tutors to be brought in to undertake projects with groups of service users. The manager and staff stated the process was informed by the consultation with service users; service user preferences and staff ideas. Consultation with service users confirmed they were asked to give their ideas for activities. They said “we say what we want to do”. They said the staff make them feel welcome and they could confidently talk openly with staff.

Four service users’ questionnaires identified they were getting the right care at the right time; staff were communicating well with them; their choices are listened to; they choose the activities they take part in; and have been involved in the annual review of their day centre placement.

One staff questionnaire identified service users are involved in their care plan, care plans inform the care provided, monitoring of quality is in place and that staff respond to service users in a timely manner.

Areas for improvement

No areas for improvement were identified during the inspection.

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

This inspection included observation of the morning and afternoon activities, taking part in a reminiscence session and consultation with 17 service users. These examples provided evidence the staff were responding to and supporting service users in a compassionate way. For example the staff communicated with the service users individually and in groups, in a respectful way that protected service user’s dignity and privacy. Service users openly discussed how they felt about what they were doing and the support provided by staff. They said positive statements such as staff let them work at their own pace; they feel comfortable and can say what they want to do and what they need. During the activities the staff were observed taking time to communicate with the group. If staff identified someone needed additional support they sensitively and discretely moved service users to a place where they could meet their needs. The staff were observed encouraging service users to be involved and promoting their independence.

This setting had communicated and consulted with service users in a number of ways. For example service user meetings which had focused on evaluation of the care provided, service user questionnaires and the annual survey. The minutes of the service user meetings revealed the service users were encouraged to be active participants in the day care setting, for example preferences, thoughts, wishes and feelings about the service were encouraged and recorded. The annual survey revealed the service users who responded were satisfied with the service they were getting.

Consultation with service users regarding compassionate care provided feedback that they felt the care and support provided by staff promoted their independence and wellbeing. They described the day centre staff had actively supported them and that included supporting them to give their views.

Four service users' questionnaires identified they were treated with respect and are involved in decisions affecting them, the staff are kind and caring, their privacy is respected; they have choices and are involved in decisions.

The staff questionnaire identified service users are treated with dignity and respect, encouraged to be independent; their views are sought and acted upon.

Areas for improvement

No areas for improvement were identified during the inspection.

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

The assistant manager was present during the inspection and they were supported by a day care worker. The assistant manager had the QCF level five qualification. This is a qualification for registered managers of day care settings. The assistant manager had been in the setting for at least two days per week and the day care worker had acted up in their absence. These management arrangements should ensure there is effective management of this day care setting which promotes safe, effective and compassionate care. It was noted the registered manager had only been in the setting once during July and August. Whilst there are clear arrangements in place to delegate responsibility it was suggested this frequency could be increased. Advice was given in this regard.

Examination of the day centres statement of purpose evidenced the management arrangements were detailed clearly and were consistent with the day centres registration details. The manager provided examples of management and governance systems they have in place which ensure the setting is safe, well managed and service users' needs are met in compliance with the Day Care Settings Regulations (NI) 2007 and Standards 2012. Examples viewed were the monthly monitoring visits; the audits of the settings records and the environment. The audits did not identify any concerns regarding the centres compliance. The annual report for 2015/2016 had not been written and therefore was not available for inspection. This is a required to be undertaken annually and is stated in this inspection QIP.

The monthly monitoring visits and reports were inspected from April to June 2016. The reports available evidenced visits had taken place once per month as required in regulation 28. The reports did report on the matters to be monitored by the registered person as detailed in Schedule 3. The reports were detailed and described the conduct of the setting.

Policies and procedures were accessible for staff in the policy and procedure file. The complaints policy, violence and aggression policy and induction policy were sampled for relevance and evidence of review. None of these documents had been reviewed in the last 3 years. A recommendation is made to review all of the settings policies and procedures to ensure they are current and relevant for staff to reference.

The complaints record was reviewed and this revealed one had been received. This had been recorded, responded to in a timely manner and a resolution had been reached. Discussion with staff confirmed they knew how to respond to a range of situations such as issues of dissatisfaction or a vulnerable adult concern communicated by service users. The staff described the management staff as supportive and the staff also recognised they support each

other. The staff spoken to clearly described who they report to and what to do if they had a concern about a staff member or service user.

Discussion with service users revealed they knew who to talk to about any concerns, requests, advice or issues/concerns. The service users named the manager and staff who work in the setting; confirming they were familiar with all of the staff team.

Four service users' questionnaires identified the service was managed well; they said they knew the manager and could talk to them if they had any concerns. Finally staff had responded well to them and they are asked what they would like to do in the setting.

The staff questionnaire identified the service is managed well, the service is monitored, and communication between the staff and management is effective.

Areas for improvement

Two areas for improvement were identified regarding the annual report for 2015/2016 which must be written annually; and the setting should review all of their policies and procedures to ensure they are current and accurate for staff reference.

Number of requirements:	1	Number of recommendations:	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Darren Campbell, assistant manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions taken by the registered provider

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

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

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

Quality Improvement Plan	
Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 17 (1) (2) (3)</p> <p>Stated: First time</p> <p>To be completed by: 14 November 2016</p>	<p>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.</p>
	<p>Response by registered provider detailing the actions taken: Consultation with Service Users and their representatives has been completed and the Annual Review for 2015 - 2016 is on file. Outcomes will be shared with Service Users, their representatives and staff team.</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p> <p>To be completed by: 14 November 2016</p>	<p>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.</p>
	<p>Response by registered provider detailing the actions taken: The outstanding competency assessment has now been completed and a record placed on file.</p>
<p>Recommendation 2</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: 14 November 2016</p>	<p>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.</p>
	<p>Response by registered provider detailing the actions taken: The registered provider is committed to ensuring that all procedures are kept under review to ensure that they remain compliant with relevant legislation. A draft induction procedure has been drawn up and this is currently subject to consultation.</p>

<p>Recommendation 3</p> <p>Ref: Standard 18.5</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2017</p>	<p>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</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>The registered provider is committed to ensuring that all policies and procedures are kept under review to ensure that they remain compliant with relevant legislation. Arrangements are in place for a systematic review of all policies and procedures and it is anticipated that we will make this information available via sharepoint by 31st March 2017.</p>



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