

Unannounced Care Inspection Report 01 August 2016



Ballyowen Day Centre

Type of Service: Day Care Setting
Address: 179 Andersonstown Road, Belfast, BT11 9EA
Tel No: 02890301034
Inspector: Suzanne Cunningham

1.0 Summary

An unannounced inspection of Ballyowen Day Centre took place on 01 August 2016 from 09.15 to 16.00 (hours).

The inspection sought to assess progress with any issues raised during and since the previous 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 six service users individual care files; staff records such as 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 Ballyowen were observed responding to a range of service users' needs. The majority of the service users in the setting described being in Ballyowen was beneficial to them. They talked about feeling emotionally well and supported in the day care setting. The staffing levels were responsive to service user's needs, welfare and safety. The premises presented as safe on the day of the inspection. Furthermore the care, treatment and support was helping individuals to maintain or improve their independence.

Overall the inspection of "is care safe" concluded the minimum standards inspected were met. One recommendation was made for the staff to receive supervision in the absence of the registered manager.

Is care effective?

The inspection of service users individual care records, incident recording, complaints recording, discussion with the service users, staff and visiting professionals concluded care was being delivered at the right time, in the right place, and with the best outcome. We found individual care needs had been assessed and plans were in place to meet assessed needs. Furthermore there was review and monitoring arrangements 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 met. One area of improvement was identified regarding the review of one service users risk assessment and plan.

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 dignity and respect. Furthermore they were encouraged by staff to be involved in decisions affecting their care and support. Staff were observed promoting the culture and ethos of the setting, such as listening to service users, valuing their views and communicating with them in an appropriate manner.

Overall the inspection of "is care compassionate" concluded the minimum standards inspected were met. No recommendations or requirements are made.

Is the service well led?

The discussion with staff and service users regarding the management arrangements confirmed they had been informed who was covering the manager's post, the staff knew their role and responsibilities and they described the acting manager as effective. Documents and records such as incident recording, complaints recording, team meetings minutes, evidence of staff support and supervision meetings demonstrated there were clear arrangements in place to promote quality improvement throughout the setting.

Overall the inspection of "Is the service well led?" concluded the inspection of the minimum standards was met. No areas for improvement were identified during this inspection.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mary Lindsay, acting manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

1.2 Actions/enforcement taken following the most recent type e.g. care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 01 August 2016.

2.0 Service details

Registered organisation / registered provider: Belfast HSC Trust/Mr Martin Joseph Dillon	Registered manager: Ms Mary Lindsay (Acting)
Person in charge of the day care setting at the time of inspection: Ms Mary Lindsay	Date manager registered: 20 October 2010
Categories of care: DCS-I, DCS-A, DCS-DE, DCS-LD(E), DCS-MP(E), DCS-PH(E), DCS-SI	Number of registered places: 45

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 trust
- Incident notifications which revealed no incidents had been notified to RQIA since the last inspection on 27 January 2016
- Unannounced care inspection report 27 January 2016 and trust response to the inspection
- Statement of Purpose
- Service Users Guide.

During the inspection the inspector met with:

- The acting manager
- Three care staff
- 19 service users
- One visiting optical professional.

No service users' visitors/representatives were available to meet with the inspector.

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff in Ballyowen. Three were returned by service users, four by staff and one by a relative.

The following records were examined during the inspection:

- Four service users care files including a sample of service users' daily records
- The complaint/issue of dissatisfaction record which had no entries in for this inspection period
- A sample of incidents and accidents records from January to July 2016
- The minutes of four service user meetings (29 July, 27, 20 June & 31 May 2016)
- Staff meetings held between January to July 2016
- Staff supervision dates for 2016
- Monthly monitoring reports from January to July 2016
- Staff training information for 2015 and 2016
- A sample of policies and procedures relevant to safe, effective, compassionate and well led care
- The weekly staffing and activity planners for July and August 2016.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 27/01/16

The most recent inspection of the establishment was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 27 January 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 19 (1) (a) Stated: First time	The registered manager must ensure the two files identified in section 5.3 of this report are reviewed, revised and updated to address the matters identified.	Met
	Action taken as confirmed during the inspection: The identified files were reported as updated in the returned QIP. This inspection of four files did not reveal the same level of concerns regarding documentation.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 17.10 Stated: First time	The responsible person should ensure that the identified action outlined in the October 2015 monthly monitoring report is included in the action plan and has been addressed.	Met
	Action taken as confirmed during the inspection: This was completed and confirmed in the returned QIP. Monthly monitoring visit reports inspected showed any identified actions were written in an action plan and the manager added the actions they had taken to achieve improvement.	

Recommendation 2 Ref: Standard 8.3 Stated: First time	The registered manager should ensure that the matters raised by some service users in regard to activities and observations detailed in section 5.4 of the report are responded to.	Met
	Action taken as confirmed during the inspection: The trust forwarded a comprehensive response regarding what they were doing to ensure activities were responsive to service user's needs, choices and preferences. The inspection of activity planners, observation of care and discussion with staff and service users revealed the activity plan is responsive to service users need, choice and suggestions. A small number of service users were not happy with the activities on offer; however they explained it is their choice not to engage and they would prefer not to be involved in activities or in day care. Staff were observed continuously engaging with this group and encouraging involvement.	

4.3 Is care safe?

The acting manager was not keeping a duty rota, instead she supplied samples of the weekly planner for July and the first week of August. The staffing numbers were recorded in the planner. This detailed the staff on duty each day, what activities they delivered and what staff were absent. This was compliant with standard 23.7 which states a record should be kept of who is working and in what capacity. Observation of the care provided and inspection of the information recorded regarding staffing showed that there was sufficient numbers of staff in various roles meeting the needs of the service users. Staff were observed responding to requests for individual care needs and to facilitate involvement in activities.

One small group who were consulted with during the inspection stated they were dissatisfied with the activities on offer. They were asked for their preference regarding activities in the day centre. They said they did not want to be in the setting and liked their own company at home. Two of the service users were supported to go outside on their request, staff continued to encourage them to join in with the group. The remaining service users were initially reluctant to be involved in the singing activity however staff continued to encourage involvement. They did join in, smiled and sung songs. At the end of the activity they said they enjoyed the activity. Discussion with staff revealed this was a normal pattern of behaviour for these service users. Staff said they continue to encourage their involvement in activities as they know the positive value for the service user's emotional wellbeing and physical health. However they also acknowledged they need to respect the service user's choices and preferences.

In summary observations of staff and service users with the inspection of activity plans and staffing plans showed there was enough staff working in the service to meet the health and welfare of service users. Those staff confidently discussed and demonstrated their knowledge and understanding of how to meet the service users' needs

The day care setting had one temporary worker in a day care worker post who confirmed they had received a structured induction. There was ad hoc or informal support available for all staff as the acting manager had an open door for any staff to seek support or information. However supervision arrangements for the temporary staff member and the staff team was not in place following the registered manager's retirement. The staff records showed the last supervision sessions were delivered in May 2016, but no future meetings had been arranged. The acting manager said she was willing to offer supervision to the staff but was not clear if this was going to be part of her role and responsibility as acting manager. A recommendation is made to address this without delay to ensure staff receive an individual supervision meeting with their manager, no later than three months after their last meeting. Appraisal records were current and retained on a staff file for easy reference.

Staff had maintained a training record of their mandatory training and training specific to service user's needs. This system confirmed all staff had received appropriate training to fulfil the duties of their role including service specific training such as dementia, Parkinson's disease, hearing aid maintenance and consent and capacity. There was a written policy and procedure for staff development and training which had been updated in 2016.

The discussion with staff confirmed they understood how to keep service users safe in the setting, for example establishing and maintaining lines of communication with service users and any significant others. Referring to assessment and care plan information; ensuring service user's choices and feelings are sought; observing service users behaviour and physical presentation; noting changes and responding in a timely manner to any concerns they observe or service users discuss. Staff were observed being attentive to groups and individual service users during the inspection, in a manner that was consistent with this discussion. The training records recorded the staff team had received safeguarding and vulnerable adult training in the last 18 months. In summary observation, discussions and records provided evidence this setting was knowledgeable and responsive to the welfare, care and protection needs of service users.

There were specific systems in place that staff use to identify and plan to avoid unnecessary risks to the service user's health. These systems also identify and meet service user's welfare and safety needs, for example:

- care had been reviewed and evaluated no less than annually and more regularly if required
- risk assessments had been completed as risks were identified and reviewed alongside the review of the assessment and care plan
- accident and incident records were kept and audited by the manager and during monthly monitoring for patterns or trends.

This day care setting is activity based care, delivered in one large room and three small activity rooms. Staff were observed referring to their activity planner to ensure they were delivering the right activity in the right place. The activities did follow a familiar pattern for example table top activities, reminiscence, bingo, Quiz, discussion groups, relaxation, art, music and outings. However this pattern was evidenced as responsive to service user's needs, preferences, choices and interests.

The space the activities were delivered in was organised so service users could join in or find a space to do something else. The setting was observed to be clean. Tables and chairs were set out for service users to relax at and the temperature was suitable for service users to feel comfortable. 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.

Three 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 relative returned a questionnaire. They answered yes to: their relative is safe and protected from harm, they could talk to staff, the environment is suitable to meet their relative's needs and they would report concerns to the manager.

Four staff members returned questionnaires to RQIA post inspection. They said 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

One area for improvement was identified regarding ensuring staff supervision is compliant with standard 22.2.

Number of requirements	0	Number of recommendations:	1
-------------------------------	----------	-----------------------------------	----------

4.4 Is care effective?

Ballyowen Day Centre statement of purpose describes how they assess service users' needs. The needs are transferred into a care plan that details how the staff should appropriately respond to and meet the assessed needs. The inspection of four service users files evidenced this had been completed at the service users commencement of placement and updated at least annually. Overall record keeping formats were in accordance with legislation, standards and best practice guidance. Risk assessments were completed, and were reviewed. The care plan takes account of the outcome of risk assessments, and was regularly evaluated and reviewed in consultation with the service users/representatives. The inspection did reveal one service user's individual record did not identify the risk of falls increasing. Nevertheless, the deterioration in mobility was described. It is essential that staff fully assess all risks and the impact of those risks on the service user's time in day care. Therefore a recommendation is made for this and other service users' information to be reviewed; to include the risk of falls.

A particular focus of this inspection was on the programme of activities. A significant amount of the inspection time was spent taking part in the activities and observing the delivery of the activities. On the day there was a relaxation group activity, quizzes, discussion groups, music activities, an outing and bingo. There was also space for service users to enjoy quiet time or do an alternative activity of their choice, which did not require staff support. The feedback from the service users, the staff and observations revealed there was a varied activity schedule that was communicated to service users throughout the day. Most of the service users said they were satisfied with the activities on offer. Two service users were less happy. The staff were aware

of the service user’s views and the staff were committed to enabling the service users to find activities they might enjoy and take part in.

The activity schedule for the week was displayed on the service user’s notice board, this ensured service users were well informed regarding what was planned. The activity schedule for July and August was cross referenced with a sample of discussions with service users during May, June and July 2016. This showed the schedule was written using the feedback from the discussions about what they wanted to do and what they enjoy doing. Overall the service user feedback was positive regarding activities responding to their choices and preferences; and they had been listened to and responded to by staff. The inspection of the four service users’ individual files and recording showed staff do use one to one time as well as group discussions to review the effectiveness and quality of care delivered to service users.

The acting manager discussed how she planned to encourage all service users to give their views regarding the effectiveness of activities and care in the setting. One measure she had put in place was to hold focus groups with groups of three service users to gain their views, preferences and ideas regarding day care. Each month a different group will be brought together which should give all service users, throughout the year an opportunity to give their views. This plan was a sound response to gauging all service users’ views. The manager also explained she has an open door policy for any service users to approach her at any time. Additionally the annual review and annual survey had sought to gather and respond to service user’s views, opinions and preferences. Discussion with the service users confirmed they knew they could approach the manager or staff at any time to give their views or opinions and were aware they could express their views in their review and survey.

Three service users’ questionnaires answered yes to: they were getting the right care at the right time; staff communicate 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 relative stated their relative gets the right care, at the right time, in the right place; they are satisfied with communication with staff; their awareness of their relative’s needs; preferences and choices and that these are incorporated into the care they receive; and they are involved in their relative’s annual review.

The four staff questionnaires 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

One area of improvement was identified regarding the review of one service users risk assessment and plan.

Number of requirements	0	Number of recommendations:	1
-------------------------------	----------	-----------------------------------	----------

4.5 Is care compassionate?

This inspection included two hours of observation to gauge was care compassionate. The staff observations showed staff did communicate with the service users when meeting their needs during an activity or needs that were identified in their care plan. The staff engaged with service users who were on the periphery of the activity being delivered; as well as those fully engaged in the activity. Staff promoted service users dignity by communicating quietly and using discreet language when discussing personal needs. They were heard and observed encouraging service users to be independent in their thinking and actions. They encouraged service users to exercise their choices and sought consent when required. During the day the staff were observed asking service users what their choice or preference was. If staff noted disengagement they checked back with the individuals to see if they could involve them in an activity, if there was support they would like or if they wanted to do anything else.

As referenced in the domain regarding effective care, this setting has facilitated large and smaller group table talks. The last discussion was with a group of three on 29 July 2016, this was led by the acting manager. They discussed meals, activities and sought the service user's general feedback regarding the day centre. The notes described positive comments regarding these areas and the support from staff. These meetings were put in place to involve service users in the running of the setting and give service users a forum to make suggestions and identify their preferences. The minutes showed service users were being listened to, valued and communicated with in an appropriate manner. In addition to these meetings views were gathered and responded to in the annual survey and individual service user's review meetings.

The last annual service user's survey was carried out in January 2016 regarding the care they received in 2015. Overall the responses were very positive. They had been summarised into an overview report which was available for service users to read. Only one issue of dissatisfaction was raised and this had been resolved before writing the report. The comments recorded in the report described a compassionate approach is delivered by staff.

Three service user's 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. One service user wrote "I feel the staff put 100% to make us happy and enjoy the company of all".

One completed relative questionnaire said their relative was treated with dignity and respect and involved in decisions affecting their care. They identified they do not have any concerns, their relative is treated well and they are consulted regarding decisions.

The four staff questionnaires 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 regarding this domain

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

4.6 Is the service well led?

The registered manager retired at the end of May 2016. On the day of the inspection Mary Lindsay (day care worker); was acting manager. She explained that the registered manager's post will be filled through redeployment by September 2016. This information was consistent with the notification of the manager's absence sent into RQIA prior to this inspection. These arrangements were satisfactory to ensure the managers role and responsibility was competently covered until a new manager is in post. The statement of purpose had been revised to include the new management arrangements and the current registration certificate was displayed.

The acting manager described her experience which included acting up in the manager's absence, prior to the manager's retirement and working as a day care worker in the setting. Mary acknowledged she does not have the qualifications to be a registered manager. However, during the inspection I was assured her knowledge of the service, the service users, staff and the day care setting standards and regulations was adequate to temporarily act up in this role.

The setting had continued to benefit from sound management and governance systems in place, which focussed on ensuring service users' needs are met and the setting is delivering care in compliance with the Day Care Settings Regulations (NI) 2007 and Standards 2012. Examples of this was monthly monitoring visits had been completed and recorded by other managers and the Assistant Service Manager, who supervises the manager. These were kept by the acting manager and recorded on if matters required action or improvement.

The monthly monitoring visits and reports were inspected from January to June 2016. The reports did describe the conduct of the day care setting, and reported on the matters to be monitored by the registered person as detailed in Schedule 3. Each report was made available for service users, as recorded in the service user discussions, and for staff.

Policies and procedures were kept in a file which was centrally indexed and available for all staff. These were also accessible for staff electronically and staff confirmed they knew how to access them. The following policies and procedures were sampled to ensure they were in place and current: supervision; incidents; challenging behaviour; management, control and monitoring; complaints and confidentiality. The Assistant Service Manager had a system for policies to be reviewed in managers meetings. The supervision policy was due for review and the manager confirmed this had been timetabled for the next meeting in September 2016.

The day care setting's governance arrangements were satisfactory. The outcomes of audits, inspections and monitoring are reviewed in the management team meetings. The meetings were arranged quarterly by the Assistant Service Manager, all day centre managers in this area of the trust, for this programme of care attend. The review of the minutes revealed they look at improvements arising from inspections and monitoring, they review policies and procedures, risk management issues; complaints; incidents and compliance with the regulations and standards. This management and governance system was in place to drive forward quality improvement.

The staff had met for team meetings in April, June and July 2016. They had been informed regarding the outcome of the managers meetings and discussed their day centre issues and scheduling matters such as reviews. The meetings had also been used to disseminate information from other professionals and organisations such as RQIA. Staff commented these meetings were useful in ensuring they were kept informed.

The complaints record was reviewed and this revealed none had been received since April 2015. Compliments records were also kept by staff to record good outcomes and comments from service users and their families. Discussion with staff confirmed they know how to receive and deal with any complaints or issues of dissatisfaction that are brought up by service users.

There was a clear organisational structure in this setting. Two staff talked about their understanding of their roles, responsibility and accountability within the overall structure of the setting. They were clear who they report to and what to do if they had a concern about a staff member or service user. They also described that service users' needs are priority in the setting and they all work together to meet those needs. .

Discussion with service users revealed they knew who to talk to about any concerns, requests, advice or issues/concerns. Three service users' questionnaires identified the service was managed well; they knew who the manager is and could talk to them if they had any concerns. Staff respond well to them and they are asked what they would like to do in the setting.

One relative questionnaire said the service was managed well; staff and the manager are approachable, professional and caring. They have a copy of the service user's guide.

Three staff questionnaires identified the service is managed well, the service is monitored, and communication between the staff and management is effective.

Areas for improvement

No areas for improvement were identified regarding this domain

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mary Lindsay, acting 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 Centre. 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.

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 the Day Care Setting Minimum Standards 2012. They promote current good practice and if adopted by the registered provider 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 stated. The registered provider should confirm that these actions have been completed and return completed QIP to day.care@rqia.org.uk 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.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 22

Stated: First time

To be completed by:
26 September 2016

The registered provider should put in place appropriate arrangements for staff to receive an individual supervision meeting in the absence of the registered manager. The frequency of the supervision should be compliant with this standard.

Response by registered provider detailing the actions taken:

The registered manager had supervision for all staff updated prior to her retirement. The acting manager has subsequently undertaken supervision for all staff and records are available. Supervision will continue in line with the standard and also within the Belfast Trust Day Care procedures for older people.

Recommendation 2

Ref: Standard 4.4 & 5.2

Stated: First time

To be completed by:
26 September 2016

The registered provider should put arrangements in place for the assessment of service users' needs to include the risks of falls. Actions needed to minimise the risks of falling in the day care setting should be recorded in the service users individual care plans.

Response by registered provider detailing the actions taken:

All service users at risk of falls will have a risk assessment completed together with actions taken highlighted on their care plan to minimise risks. Staff have ensured that they include service users at risk of falling who on occasions do not wish to use or forget to use their walking aid.

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews