

Unannounced Day Care Setting Inspection Report 04 and 23 May 2017



Ballyowen Day Centre

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Ballyowen Day Centre took place on 04 May 2017 from 10.20 to 16.00. A follow up visit to the setting to meet the manager took place on 23 May 2017 from 14.30 to 16.00.

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 staff records such as duty rotas, supervision and training; observations of the settings; discussions with service users and staff; and observations of care evidenced the care delivered was consistent with the settings statement of purpose and ethos. In conclusion the care provided by staff in this setting was aiming to avoid and prevent harm to the service users in the setting and in the community. Furthermore the care, treatment and support was helping individuals to improve their opportunities for social contact and experience a range of activities that may improve their future outcomes.

Overall the inspection of “is care safe” concluded the minimum standards inspected were met. One area for improvement was identified during this inspection which was the current staff training record and staff training needs should be audited.

Is care effective?

The inspection of service users individual care records, incident recording, discussion with the service users and staff concluded care at the time of the inspection 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.

Overall the inspection of “is care effective” concluded the minimum standards inspected were met. Two areas for improvement were identified during this inspection. They are to improve the service users’ individual care plans so they document personal outcomes and instate file audits that include a record of what files have been audited, the findings and any recommendations and actions required.

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 and 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; ensuring service users were listened to, valued and communicated with in an appropriate manner.

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

Is the service well led?

The discussion with staff and service users regarding the management arrangements in place and their effectiveness revealed staff were clear regarding their roles and responsibilities and who they were managed by.

Overall the inspection of “Is the service well led?” concluded the inspection of the minimum standards was broadly met however two areas for improvement were identified during this inspection that should aim to strengthen the opportunity for quality improvement in this setting. They are instating audit practices which are merged with the recommendation made in section 4.4 regarding file audits. Secondly the annual report for 2016/2017 should be completed and returned to RQIA with the QIP for this inspection.

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 Fionnuala Breslin, 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 care inspection

The manager was not present during the inspection on 04 May 2017. The inspection on 04 May 2017 revealed some documents were only accessible by the manager. Whilst the records and their immediate access did not impact on safe, effective or compassionate care in the short term arrangements in place did need to be assured as compliant with standards. An arrangement was made to return to the day care setting on 23 May 2017. After the follow up visit, other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 04 May 2017 and 23 May 2017.

2.0 Service details

Registered organisation/registered person: Belfast HSC Trust/Mr Martin Joseph Dillon	Registered manager: Ms Fionnuala Breslin
Person in charge of the service at the time of inspection: Mr William Briggs, 04 May 2017 Ms Fionnuala Breslin, 23 May 2017	Date manager registered: 08 November 2016

3.0 Methods/processes

Prior to inspection the following records were analysed:

- The registration details of the day centre
- Information and correspondence received from the registered manager and Belfast Trust
- Incident notifications which revealed two incidents had been notified to RQIA since the last care inspection in August 2016
- Unannounced care inspection report 01 August 2016
- Announced Premises inspection report 21 September 2016.

During the two inspection dates the inspector met with:

- The service manager
- The manager
- Four staff
- Ten service users.

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff in the day care setting. None were returned by service users, four by staff and none by relatives.

The following records were examined during the inspection:

- One staff file
- Three service users care files
- A sample of service users' daily records
- The complaints/ issue of dissatisfaction record from April 2016 to May 2017
- A sample of incidents and accidents records from August 2016 to May 2017
- The staff arrangements for April and May 2017
- The service user meetings on 13 March 2017, 19 April 2017 and 4 May 2017
- Staff meetings held on 20 February & 23 March 2017
- Monthly monitoring reports for September 2016, March and April 2017
- Staff training information for 2016 and 2017
- Statement of Purpose
- Service Users Guide.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 01 August 2016

The most recent inspection of the service was an announced premises 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 care inspection dated 01 August 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 22 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Since the last inspection arrangements for supervision of staff had been put in place. They were available and up to date at the time of inspection.	
Recommendation 2 Ref: Standard 4.4 & 5.2 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The inspection of three service user individual records provided evidence this was in place where risks of falls had been recorded.	

4.3 Is care safe?

The staff rota and planner was made available for inspection, this detailed the staff who were working each day, the capacity in which they worked and who was in charge of the centre. Competency and capability assessments had been completed for the staff in charge of the centre in the absence of the manager.

The inspection of staff records, observation of care and discussion with staff revealed the staff on duty were at the time of the inspection sufficiently trained, competent and experienced to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users present, fire safety requirements and the statement of purpose.

The staff were keeping their own training records and one was looked at during this inspection. Training such as safeguarding training and training on dementia awareness was delivered in 2015/16. However there was no team training record to ensure training was delivered to all staff in a timely manner or a training plan to ensure all staff received appropriate training

relevant to their roles and responsibilities. The manager had planned to undertake a team training audit and this is recommended.

The settings record of incidents and accidents was sampled and the two notifications forwarded to RQIA were cross referenced with settings records. Generally Accidents/incidents/notifiable and potential safety risks had been identified, events were documented and assessed for potential to prevent reoccurrence.

The front door was managed using a key pad which staff and not service users could exit. Discussion with staff, service users and observation of the environment revealed service users were telling staff if they wanted to go out and staff would either let them go independently or accompany service users where there was a concerns regarding wandering or memory loss. Some service users do leave the setting for longer walks and said they enjoy this freedom however, the service users said they generally remain in the setting be part of the settings activity schedule and plan which they said they enjoy. No other restrictive practices were identified during this inspection, during staff discussion, inspection of service user's information and observation of practice.

The staff reported there were no suspected, alleged or actual incidents of abuse identified and reported since the last inspection. The staff training record confirmed they had received training regarding the new regional guidance - Adult Safeguarding Prevention and Protection in Partnership, July 2015 and confidently discussed their role and responsibility to act preventatively and proactively to safeguard adults who attend the setting.

The environment was observed during the inspection and there was evidence of infection prevention and control measures in place such as personal protection equipment which was available for staff, surfaces were wiped over during the day, and waste and rubbish was cleared away keeping the environment clean & tidy. The furniture, aids & appliances presented as fit for purpose and the stage area had been cleared as was identified during the last premises inspection. The group rooms were used for smaller groups of service users to do small group activities and introduced some variation into the day.

Discussion with service users provided evidence that staff had discussed their personal safety with them. They said they were satisfied the staff keep the front door closed for security and said this "keeps us safe". Service users said they could talk to any staff if they needed to.

The staff discussed service users safety and described a number of measures in place to assure service users are safe in Ballyowen such as staff presence, particularly in the hall which is a large space therefore there is always enough staff on hand to respond to needs. Walking aids used by service users were regularly looked over for wear and tear and any maintenance issues were reported and addressed without delay. Staff said they observe service users noting any changes in dependency, ability and behaviour. They identified they liaise with family and professionals to ensure they have the most current information and any concerns are communicated with the service users permission to ensure care meets needs as identified. Finally they identified they discuss how to put training, procedures and guidance into practice as a team to ensure they are responding to the service users' needs in the best way to achieve the best outcomes.

Four staff returned questionnaires to RQIA post inspection. They stated they were very satisfied care was safe in the setting. They identified 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 of improvement was identified during this inspection. The current staff training record and staff training needs should be audited. This outcome of the audit should be a training record for staff that documents what they have done, and if training is mandatory and should be repeated when it is next due. A staff training plan should also be developed that identifies the training needs of staff annually and how these will be met.

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

4.4 Is care effective?

The centre’s statement of purpose and service users guide was sampled and this was consistent with the content of Schedule 1. Three service user’s care files containing individual assessments and care plans were in place for each service user. Their physical, social, emotional, psychological needs were identified with a plan of how staff can best meet those needs when each service user was in day care. The inspection noted service users were encouraged to give ideas of what they would like to achieve in day care (personal outcomes) in their annual review, however the personal outcomes were not transferred to the care plan to ensure staff supported service users to meet them. Service users’ personal outcomes should be identified and planned for to ensure if they can be, they are met. A recommendation is made in this regard.

The inspection of three service users care files revealed each service user had an individual written agreement that set out their terms of their day care placement. Care records were maintained in line with the legislation and the day care setting standards. They included an up to date assessment of needs, life history, risk assessments, care plans and evidence of regular review of service users’ health and well-being. Service user risk and other assessments were in place when the general assessment identified this was necessary. They were based on assessed needs, and evidence of review was in place, e.g. general assessments; behavioural management plans; moving & handling, nutrition, falls.

Systems were in place to review each service user’s placement within the centre and ensure that it was appropriate to meet their health and social care needs. Arrangements were in place for service user’s to have an initial review within recommended timescales and annual review. Service users’ records were stored safely and securely in staff office in the setting and records were more recently being established on a paperless system. Discussion with the manager and staff involved the importance of care plans and risk management information being accessible for staff in case they need to clarify information during day care setting hours. The inspection of files did identify there was no evidence of file and records audits to ensure recording was current, relevant and accurately documented how needs should be met. A recommendation is made to instate file audit practice and a record of what files have been audited, the findings and any recommendations and actions required.

Discussion with service users about what they were doing in the setting provided assurance they had the choices of activities explained to them and knew what activity they wanted to take part in. Service users commented the service kept them “active”, keep them “alive”. One service user who had started recently said they were shown around before commencing, this

enabled them to feel familiar with the setting, staff and more confident that what they would do there would meet their needs. Service users said they were aware of who to contact if they wanted advice or had concerns but did not identify any issues at the time of the inspection that they thought needed improvement.

Staff discussed the recording arrangements in place and whilst audits were not in place they detailed their care was effective because they work together as a team caring and supporting service users and if they notice something is not working or is ineffective they plan together to improve the quality of care delivered to service users. They discuss any issues and care planning issues daily as well as at team meetings. Staff identified they would escalate concerns to the manager or day care worker in charge without delay and they did not recall any ongoing concerns or issues.

The four staff questionnaires identified they were very satisfied care was effective. The service users were involved in their care plan, care plans informed the care provided, monitoring of quality was in place and that staff respond to service users in a timely manner.

Areas for improvement

Two areas for improvement were identified during the inspection. The first is to improve the service users’ individual care plans so they document personal outcomes and if possible they plan for how they can be met. The second is to instate file audits that include a record of what files have been audited, the findings and any recommendations and actions required.

Number of requirements	0	Number of recommendations	2
-------------------------------	---	----------------------------------	---

4.5 Is care compassionate?

In the afternoon of the inspection; a service a user meeting was held. Observation of this meeting and interactions showed staff treated service users with dignity and respect while promoting and maintaining their independence. Service users were encouraged and supported to engage and participate in meaningful conversations that helped them to plan activities, social events, development of hobbies and interests. Service users were keen to give their preferences and choices and were encouraged by staff to talk about what they wanted to do in Ballyowen. Overall the conversation was noted as promoting service users fulfilment in this setting.

Discussion with service users in the meeting and during the day sought to find out what they thought about the front door being secure. Service users spoken to reported they liked the door being secure as it stopped anybody wandering in, thus made the building and their space feel secure. All of the service users spoken to confirmed staff facilitate them going outside if they want to and on warmer days the door in the main hall is open for service users to wander in and out. This was deemed as safe by staff because there is always a number of staff in the hall supporting service users. In conclusion service users were aware of and agreeable to the secure front door, are they were aware of who they could talk to etc. if they wanted to exit the building.

Discussion with Service users during their meeting and more generally during the inspection confirmed that their views and opinions were taken into account in all matters that they felt affected them such as activities, outings, the environment, the catering arrangements and support from staff. Overall they indicated they felt informed and involved by being consulted in

service user meetings, being asked their opinion during their review and informally on a daily basis. Service users individual records and their feedback confirmed they had mostly influenced their care and activities on offer.

Discussions with service users revealed they felt positive about coming to Ballyowen and said they enjoyed friendships they made in the setting, the food is very good and they complimented the staff for the care and attention they gave them. The service users explained the staff ask them what they want to do, they can ask staff for help at any time and coming to the day centre makes them feel good about their life. A sample of the comments made were: “Great, lost without it, fills our day”. “Really brilliant here and makes a difference to my life, how I feel and gets me active”. “Staff are very good, we laugh and it keeps us alive”. “I live on my own so if I wasn’t here I would do very little, I leave here with a good feeling, staff are brilliant I can just ask for help”.

Discussions with staff revealed they get to know service users individually, their likes, what they want from day care, find out what they love and what fulfils them. They described sometimes they have to encourage individuals to be involved as they might not realise how much they will enjoy an activity until they take part such as the dance group that initially had eight service users attending and now has 14. The staff said they take time to explain choices and use individual discussions with service users to explore their choices, preferences and interests.

The four staff questionnaires identified staff were very satisfied care was compassionate, service users were 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
-------------------------------	---	----------------------------------	---

4.6 Is the service well led?

The registration certificate was up to date and displayed appropriately in the setting.

The manager had set up regular formal supervision meetings with the staff and the overview record showed staff had individual, formal supervision at least once every three months and a annual appraisal.

The staff meeting records showed the staff and manager met at least monthly with minutes and attendance recorded. The minutes of discussions included actions agreed with responsibility & time frame for completion assigned.

The complaints and compliments record was inspected. There was no complaints recorded and inspection of records, discussion with staff and service users did not reveal any concerns or potential areas of dissatisfaction that were current. Discussion with staff confirmed they were aware of their role and responsibility to listen to areas of dissatisfaction and complaints, record them and report them to the manager. The staff discussed they were motivated to do what they needed to do to resolve service users dissatisfaction including working with the manager, investigate and respond to areas of concern. The process also allowed for the outcome to be recorded including the satisfaction of complainant and any actions to improve

the service. Overall the staffs approach was focussed on promoting service user fulfilment and service improvement.

Audit arrangements were requested for this setting and as identified regarding service user records audits, management arrangements for the audit of the frequency and more importantly the quality of practices were not in place. A recommendation is made to improve audit arrangements in this setting. Audits should include audit of complaints, accidents, training, formal supervision, annual appraisal, care records, infection prevention and control and environment. The records should review quality and frequency of practices, identify any actions required to improve quality and effectiveness, who is responsible for putting the action plan into practice and the outcomes of action taken with evidence of any learning disseminated. A recommendation in this regard is made and includes the recommendation made in section 4.4 regarding file audits.

A random sample of Regulation 28 monthly quality monitoring visits were inspected for March and April 2017. The reports reported on monthly visits, they were announced & unannounced visits; they qualitatively reported service users & staff views & opinions and contained a general overview regarding the conduct of the day care setting. The reports inspected did not reveal any concerns or areas of practice that were not compliant with the day care settings standards or regulations.

The last annual report was inspected and this did not report on the matters specified in Schedule 3. A requirement is made for this to be completed and returned to RQIA with the completed QIP.

Discussion with the service users confirmed they knew who the manager was however they would be most likely to speak to staff on the floor if they need to speak to staff about a concerns or suggestion.

Discussion with staff revealed they want a manager to be in place that is a more permanent influence on the team and setting. They acknowledged the current manager is in the setting but her time was being shared between a residential home and the day care setting which left them without management cover, and they were not used to this. They revealed a temporary manager will be recruited whilst the manager continues her role in the residential home and they felt this could have a positive influence on the team and the setting. By the follow up visit on 23 May 2017 the new manager had been recruited.

Four staff questionnaires identified they were satisfied with the leadership in this setting. The service was managed well, the service was monitored, and communication between the staff and management was effective.

Areas for improvement

Two areas for improvement were identified during the inspection including audit practices should be instated and should include audit of complaints, accidents, training, formal supervision, annual appraisal, care records, infection prevention and control and environment. This recommendation is merged with the recommendation made in section 4.4 regarding file audits. The annual report for 2016/2017 should be completed and returned to RQIA with the QIP for this inspection.

Number of requirements	1	Number of recommendations	1
-------------------------------	---	----------------------------------	---

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Fionnuala Breslin, 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 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.

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 Setting Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Day Care Settings 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 to be 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 web portal 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.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 17 & Schedule 3

Stated: First time

To be completed by:
18 July 2017

The registered provider must complete the annual report for 2016/2017 and it must report on the matters specified in Schedule 3. This must be completed and returned to RQIA with the completed QIP.

Response by registered provider detailing the actions taken:
Report has been completed by Fionnuala Breslin.

Recommendations

Recommendation 1

Ref: Standard 21.4

Stated: First time

To be completed by:
18 July 2017

The registered provider should establish a staff training record that contains a staff training plan and identifies the training needs of staff annually with an action plan of how these will be met. Evidence of regular audit of staff training needs should also be in place.

Response by registered provider detailing the actions taken:
New staff training matrix is in place that outlines the current mandatory training held by each member of care staff as well as the date for the appropriate update. Other non-mandatory training is also recorded on the same matrix.

Recommendation 2

Ref: Standard 5.2

Stated: First time

To be completed by:
18 July 2017

The registered provider should put in place arrangements to plan for how service user's ideas of what they would like to achieve in day care (personal outcomes) can be met. These should be detailed in each individual's care plan to ensure if they can be, they are met.

Response by registered provider detailing the actions taken:
Service users ideas and thoughts are taken during review meetings, and any identified changes that they wish made to their current individual care plan are recorded (review minutes) and care plan amended to reflect this.

Recommendation 3

Ref: Standard 17.9

Stated: First time

To be completed by:
18 July 2017

The registered provider should improve the audit arrangements for this setting which should include audit of complaints, accidents, training, formal supervision, annual appraisal, care records, infection prevention and control and environment. The audit records should show there is review quality and frequency of practices, identify any actions required to improve quality and effectiveness, identify who is responsible for putting the action plan into practice and the outcomes of action taken with evidence of any learning disseminated.

Response by registered provider detailing the actions taken: :
A range of audit records are in place and available, these will show current status and any identifiable changes to be made and, where appropriate, an agreed timetable for implementation. For example, with regard to service user views, the minutes of most recent review will not

	<p>only identify what change may have been identified but also who is responsible for the implementation of this change. The actions agreed through supervision are also recorded and counter-signed before being filed.</p>
--	--



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