

Unannounced Day Care Setting Inspection Report 27 April 2016



The Resource Centre Derry

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Inspector: Dermott Knox

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of The Resource Centre Derry took place on 27 April 2016 from 11.00 to 17.00hrs.

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?

There was very positive feedback from almost all service users about the delivery of safe care in the centre. The provider had in place the required policies, procedures, supervision and staff training to lead and support the delivery of safe care. One concern, expressed by a service user to staff, should have been recorded and managed as a complaint, but overall, the evidence indicated that safe care is provided.

Is care effective?

There was wide ranging evidence of significant improvements in the operations of the centre since the inspection in May 2015. Care plans for service users had been re-thought and re-written with a greater focus on achievable objectives. Review reports for service users indicated a high level of satisfaction with the service provided and the quality of care was being closely monitored by senior management. The evidence presented at this inspection indicated positive developments in the effectiveness of care provided.

Is care compassionate?

Service users were very complimentary about the service provided in the centre and the interactions observed during the inspection confirmed the view that staff approach their work in a caring and compassionate manner.

Is the service well led?

There was extensive evidence of improvements in the management of operations in the day centre, since the previous care inspection, in May 2015. A clear understanding had been established of the functioning of the centre within the requirements of the relevant regulations and minimum standards. The evidence indicates that the service is well led.

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 | 1 |

Details of the QIP within this report were discussed with Ms Patricia Morrow, Senior Manager of Care Services and Mr Paddy McCarron, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

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| Registered organization / registered person: The Resource Centre Derry/Kenny McAdams | Registered manager: Paddy McCarron |
| Person in charge of the day care setting at the time of inspection: Mr. Paddy McCarron | Date manager registered: Paddy McCarron - application received - "registration pending". |
| Number of service users accommodated on day of inspection: 14 | Number of registered places: 20 |

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Record of notifications of events. No events had been reported to RQIA since the previous inspection
- Record of complaints. No complaints had been recorded since the previous inspection
- Quality Improvement Plan from the previous inspection on 14 May 2015

During the inspection the inspector met with:

- Three service users individually
- The registered manager and senior care services manager
- Three care staff for individual discussions

The following records were examined during the inspection:

- File records for three service users, including care plans and review reports
- Progress notes for three service users
- Four monitoring reports for periods in late 2015 and early 2016
- Record of notifications of events
- Record of complaints

- The statement of purpose
- Minutes of two Service Users' Forum meetings
- The current week's activities schedule
- Minutes of five staff meetings
- Training records for two staff
- Supervision and appraisal records for two staff
- A Competence and Capability Manual for staff who may take charge of the centre in the absence of the manager
- A sample of written policy and procedures documents, including the Operational Policy, dated 01 March 2016
- The service's annual report for the year to January 2016

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 14/05/2015

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 14/05/2015

| Last care inspection statutory requirements | | Validation of compliance |
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| Requirement 1 Ref: Regulation 5(1) Stated: Third time | A number of the service users' files required more detailed assessment information and more focussed and achievable care planning objectives. | Met |
| | Action taken as confirmed during the inspection: The senior care services manager had researched care plan frameworks and had devised a new and more detailed model to meet the needs of the service. Development of this model has progressed positively and advice was offered regarding further presentation details | |

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| <p>Requirement 2</p> <p>Ref: Regulation 16(2)(b)</p> <p>Stated: Third time</p> | <p>Not all service users' reviews had been held within the required timescales and the registered person must ensure that this requirement is carried out.</p> | <p>Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>The manager confirmed that reviews were now up to date for service users and that a schedule of reviews had been drawn up to ensure that they were held in compliance with this regulation. In the three files examined, reviews had been held within the appropriate timescales.</p> | | |
| <p>Requirement 3</p> <p>Ref: Regulation 21(3)(b)</p> <p>Stated: Second time</p> | <p>The registered person shall ensure that any staff member taking charge of the centre has the skills and experience necessary for such work. It is acknowledged that a competence assessment framework had been completed and implementation of this had been scheduled but not yet implemented.</p> | <p>Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>It was explained that three senior managers ensured that at least one of them was on the premises at all times. They had also prepared a manual for reference by any person who was in charge of the facility. Further competence assessments will be carried out as necessary.</p> | | |
| <p>Requirement 4</p> <p>Ref: Regulation 10(2)(b)(i)</p> <p>Stated: First time</p> | <p>The manager (registration pending) must complete his registration as manager by the end of October 2015.</p> | <p>Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>The registered manager had gained the City and Guilds Level 5 Diploma in Leadership and Management, on 21/03/16, in order to fulfil registration requirements. A copy of the award certificate was provided to RQIA.</p> | | |

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| <p>Requirement 5</p> <p>Ref: Regulation 4(1) and 4(2)</p> <p>Stated: First time</p> | <p>The registered person must ensure that the centre's statement of purpose addresses all of the matters required by this regulation, as set out in Schedule 1, including the full range of needs for which provision is made. A copy of the revised document should be sent, electronically if possible, to RQIA.</p> | Met |
| <p>Action taken as confirmed during the inspection:</p> <p>The revised statement of purpose was available for inspection and was satisfactory.</p> | | |
| <p>Requirement 6</p> <p>Ref: Regulation 28</p> <p>Stated: First time</p> | <p>Monthly monitoring visits must be carried out in accordance with this regulation, either by the registered person in control, by a director, or by an employee of the organisation who is not directly concerned with the conduct of the day care setting. All parts of Regulation 28 must be addressed.</p> | Met |
| <p>Action taken as confirmed during the inspection:</p> <p>Monthly monitoring visits, and reports of these, had been carried out regularly by the organisation's Family Services Co-ordinator. This arrangement was viewed very positively by managers and staff in the centre. Reports were well detailed and presented a constructive evaluation of the service.</p> | | |
| <p>Requirement 7</p> <p>Ref: Regulation 19(2) and Schedule 5(17)</p> <p>Stated: First time</p> | <p>The registered person must ensure that a record is kept of all staff meetings, including the names of all those attending.</p> | Met |
| <p>Action taken as confirmed during the inspection:</p> <p>Monthly staff meetings were scheduled for several months in advance and records of three recent meetings presented evidence of varied and relevant agendas and good staff involvement.</p> | | |

| Last care inspection recommendations | | Validation of compliance |
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| Recommendation 1 Ref: Standard 5.3 Stated: Third time | The registered person should ensure that care plans, review records and other key service user records are signed by the appropriate people, as evidence of their involvement and agreement with the content. | Met |
| | Action taken as confirmed during the inspection: Service users' signatures were included on relevant documents, including assessments, care plans and reviews, in the files examined. | |
| Recommendation 2 Ref: Standard 7.4 Stated: Third time | While each service user's records contained progress notes, there were significant gaps between the dates of some of these, indicating the need for tighter management control of this aspect of record keeping. The registered manager should ensure compliance with Standards 7.4 and 7.5 in this regard. | Met |
| | Action taken as confirmed during the inspection: Examination of service users' files provided evidence of progress notes being kept regularly and up to date. The management has an audit system in place to ensure compliance. | |
| Recommendation 3 Ref: Standard 21.4 Stated: Second time | The registered person should develop improved supervision and support systems to ensure all staff are familiar with the full range of written policies and procedures. | Met |
| | Action taken as confirmed during the inspection: A system has been introduced in the centre to ensure that staff members develop an awareness of the range and content of the mandatory policies and procedures. Formal supervision was being provided regularly. | |
| Recommendation 4 Ref: Standard 7.2 and 7.3 Stated: Second time | It is recommended that reference to the procedure for accessing records should be included in the planned, revised service user guide. | Met |
| | Action taken as confirmed during the inspection: There was evidence to show compliance with this recommendation. | |

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| <p>Recommendation 5</p> <p>Ref: Standard 21.9</p> <p>Stated: Second time</p> | <p>The registered person should ensure that staff complete an evaluation of any training undertaken and retain this in staff training files.</p> <hr/> <p>Action taken as confirmed during the inspection: A record of staffs' evaluations of training provided was available for inspection.</p> | <p>Met</p> |
| <p>Recommendation 6</p> <p>Ref: Standard 21.4</p> <p>Stated: Second time</p> | <p>All required policies should be available, read by staff members and signed by staff to confirm that they have been read and understood.</p> <hr/> <p>Action taken as confirmed during the inspection: A system has been introduced in the centre to ensure that staff members develop an awareness of the contents of mandatory policies and procedures, including those added recently. Given the number of these, this recommendation is being met systematically, as staff members have time available.</p> | <p>Met</p> |
| <p>Recommendation 7</p> <p>Ref: Standard 1.2</p> <p>Stated: First time</p> | <p>The registered person should ensure that the service user guide is available in a format and language suitable for each service user.</p> <hr/> <p>Action taken as confirmed during the inspection: A re-designed service user guide had been developed in an appropriate format and made available to those who are referred to the centre.</p> | <p>Met</p> |
| <p>Recommendation 8</p> <p>Ref: Standard 21.4</p> <p>Stated: Second time</p> | <p>It is recommended that training on topics such as Stroke Awareness and Parkinson's Disease should be provided by the end of September 2015, to ensure staffs understanding of the needs of people with these conditions.</p> <hr/> <p>Action taken as confirmed during the inspection: Training records showed that a number of training sessions had been provided on relevant topics, in addition to the mandatory training. Staff confirmed that training was informative and helpful.</p> | <p>Met</p> |

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| <p>Recommendation 9</p> <p>Ref: Standard 19.3</p> <p>Stated: First time</p> | <p>The file audit record, developed by the centre, should be completed systematically in order to ensure that service users' records are kept accurate and up to date.</p> | <p style="text-align: center;">Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>Well-structured file audits were introduced by management in May 2015 and provided valuable quality assurance records.</p> | <p style="text-align: center;">Met</p> | |
| <p>Recommendation 10</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p> | | <p>The registered person should ensure that service users' meetings are held at least every three months and that accurate records are kept of the matters raised and the actions taken in response.</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>Service User Forum meetings were being held at least quarterly and good records of these were kept and were available for inspection.</p> | | |

4.3 Is care safe?

Staff, who met with the inspector, confirmed that they have confidence in the practice of all members of the staff team in their work with service users. There were systems in place to ensure that risks to service users were assessed regularly and managed appropriately and this included inputs by community based professionals. Risk assessments were present in the service user's files examined and each one had been signed as agreed by the service user.

Four service users returned completed questionnaires on the day of the inspection and were unanimous in their praise of the quality of care provided. Three service users contributed through individual discussions to the inspection process and spoke of their enjoyment of spending time at the centre and of taking part in the various activities. All three confirmed that they felt safe in the centre and in organised activities.

Service users were regularly informed of their rights and of the methods available to them of raising concerns or making a complaint, should they be unhappy with any aspect of their care. One service user had raised concerns about the number of days allocated to her to attend the centre and this had not been recorded as a complaint, on the basis that it related to a decision taken by the referring Trust. However, since the concern was raised with a member of the centre's staff, it should have been recorded as a complaint received and the service user supported in pursuing the matter with the Trust. The centre's staff and manager might also offer to seek an independent advocate for the service user.

Evidence from discussions, observations and in written records indicated that staff actively seek the views of service users, their representatives and community based professionals, regarding the support programmes in which they participate. Staff presented as being well informed of the needs of service users and of methods of working with them.

The centre was clean, well decorated and in good repair and service users confirmed that they were provided with a safe environment in which to take part in activities. Contractors were working to upgrade the kitchen facilities and suitable alternative arrangements were in place for the provision of cooked lunches for service users. The inspector joined a group of service users for lunch which was appetising and well presented. Service users confirmed that meals were always of a very good standard and were made suitable for each individual's needs.

Overall, there was evidence to support the view that safe care is provided in The Resource Centre Derry.

Areas for improvement

An expression of concern or dissatisfaction by a service user, or by another person, with regard to any aspect of the service, should be dealt with as a complaint and recorded appropriately. A complainant who remains dissatisfied should be supported in seeking further help, including the offer of independent advocacy.

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| Number of requirements: | 0 | Number of recommendations: | 1 |
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4.4 Is care effective?

Since the previous care inspection, The Resource Centre Derry has developed quality assurance systems, through which operations are monitored and staffs' practice is evaluated. The systems included a monthly tracker of progress toward compliance with the fairly extensive Quality Improvement Plan from the previous inspection in May 2015.

Three service users' files were examined and each was found to contain detailed information on the individual and on his or her functioning and assessed needs. Care plans addressed the identified needs broadly and had been developed positively since the previous inspection. The managers were engaged in further revision of the format for care plans and demonstrated a strong commitment to achieving greater clarity in the presentation and the implementation of these.

A record was kept of each service user's involvement and progress, within individual files that were well organised. Service users were forthcoming about their experiences of participating in the centre's activities and of their friendships with others whom they had met at the centre. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. Good quality review reports were available in each of the files examined and these provided evidence of the service user's involvement in preparing for the review meeting.

Evidence from discussions with service users and from written records confirmed that service users enjoyed activities, both within the centre and on outings. Within the centre there was well supported involvement in a range of activities, including rhythmic exercising, arts and crafts, bingo and other brain exercises, all of which were set out clearly in a weekly activities schedule.

The manager and staff worked creatively to involve service users in a variety of experiences, making full use of the available rooms and community facilities and service users confirmed that they were at ease with making decisions as to the activities in which they participated. Overall, there was evidence to indicate that the centre is effective in promoting each service user's involvement and wellbeing.

Areas for improvement

No areas for improvement were identified during the inspection.

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

Service users related positively toward staff in the centre and spoke enthusiastically about activities, outings and social events in which they had participated. The centre makes good use of external activity leaders, including musicians and health professionals/tutors, to support positive physical and mental health aims. Observations and discussions throughout the inspection provided good evidence of caring and purposeful relationships between service users and with staff members, who presented as being committed to ensuring that service users were fully supported throughout their attendance at the centre. Staff who met individually with the inspector demonstrated strong commitments to ensuring the safety and wellbeing of service users and spoke with great warmth and enthusiasm about their work. In all of the interactions observed, service users were engaged with respect and encouragement. Overall there was evidence to confirm that the centre provides a supportive and compassionate care service to those who attend.

Areas for improvement

No areas for improvement were identified during the inspection.

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

The Quality Improvement Plan issued following the previous care inspection in May 2015 presented a large number of challenges to the management of the centre. Their responses and the outcomes that have been achieved are commendable. Initially, an action plan was devised to address the required improvements and regular reviews of progress were held, with good records of these being kept. By the date of this inspection, all seven requirements and ten recommendations had been addressed satisfactorily. Where previously, the manager's registration had been awaiting his gaining an appropriate qualification, this had been achieved before the end of March 2016. There was evidence of positive working relationships between the registered persons and the senior services manager and good systems were in place for the provision of staff supervision and support.

There was written evidence to show that staff members were appropriately qualified and trained for their designated roles. Examination of three staff members' files showed that formal supervision and annual appraisals were taking place regularly. Records of staff's training were comprehensive and up to date and staff members were working systematically toward an

understanding of the full range of the organisation's policies and procedures, a number of which have been added since the previous inspection.

Good records of monthly staff meetings provided evidence of a range of relevant topics having been discussed and actions agreed. Monitoring reports showed that all of the required aspects of the centre's operations were rigorously checked, with action plans introduced to ensure that any shortcomings would be addressed within a specified timescale. Completion of the monitoring visit action plans was checked and signed off by the registered person in control. This quality assurance practice is commendable.

Areas for improvement

No areas for improvement were identified during the inspection.

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| Number of requirements: | 0 | Number of recommendations: | 0 |
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5.0 Quality Improvement Plan

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Patricia Morrow, Senior Services Manager and Mr Patrick McCarron, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. 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 person/s 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 the Day Care Settings Minimum Standards. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to daycare.team@rqia.org.uk and assessed 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

| Quality Improvement Plan | |
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| Statutory requirements | |
| There were no statutory requirements arising from this inspection. | |
| Recommendations | |
| Recommendation 1 | The registered person should ensure that the centre's complaints procedure is implemented effectively, in keeping with Standard 14 of The Minimum Standards for Day Care Settings. |
| Ref: Standard 14 | |
| Stated: First time | |
| To be completed by: Immediately | Response by registered person detailing the actions taken: The Registered Manager will review and implement changes to our code of practice in regards to our complaints procedure, to ensure that centre will act within the guidelines when advocating for the Service User when dealing with complaints. The Registered Manager will arrange workshop training to ensure that all staff fully understand, and are made aware of any changes to our complaints procedure |



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