

Unannounced Care Inspection Report 30 September 2016



The Resource Centre

Type of service: Day Care Service
Address: Carnhill, Racecourse Road, L'Derry, BT48 8DA
Tel No: 028 7135 2832
Inspector: Angela Graham

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of The Resource Centre took place on 30 September 2016 from 9.55 to 16.55 hours.

This unannounced care inspection was undertaken in response to issues raised following the receipt of written correspondence forwarded to the Regulation and Quality Improvement Authority on 21 September 2016.

The main issues raised in the correspondence were in respect of the provision of meals and the management and operation of the centre.

Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the day care setting. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues.

All service users spoken with confirmed that they were satisfied with the choice of meals served and that individual preferences were catered for if requested.

An observation of the lunch time meal confirmed that service users were given a choice in regards to where they preferred to dine, food and fluid choices and the level of help and support requested. Staff treated service users with dignity and respect affording adequate time for service users to make decisions and choices and offered reassurance and assistance appropriately. Staff interactions with service users were observed to be compassionate, caring and timely. During discussion staff presented as knowledgeable and informed regarding each service user's dietary needs and preferences.

The inspector wishes to acknowledge the board of directors, manager, staff and service users who welcomed the inspector to their centre and engaged with her during the inspection.

As a result of the inspection two requirements and nine recommendations have been made. The two requirements focus on improvement in the statement of purpose and informing RQIA of the absence of the registered person. The nine recommendations focus on improvement of the settings policies and procedures; recording of the menu planner; validation of the nutritional content of the menu planner; undertaking an environmental dementia audit; recording practices in regard to service users monies, service user guide; individual service user's agreement; the availability of monthly monitoring reports and the staff duty roster. These issues were discussed with the board of directors and management team at the conclusion of the inspection.

Discussion with the board of directors concluded that the organisation was committed to providing a high standard of care to the service users. Betty Feeney, Director and Paddy McCarron, Manager provided the inspector with an assurance that the issues raised at inspection feedback would be promptly addressed by the organisation.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the DHSSPS Day Care Settings Minimum Standards (January 2012) and The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	9

Details of the Quality Improvement Plan (QIP) within this report were discussed with seven members of the Board of Directors, Paddy McCarron, Manager and Helen Doherty, Senior Care Assistant, 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 QIP there were no further actions required to be taken following the most recent inspection on 27/04/16.

2.0 Service details

Registered organisation/registered person: The Resource Centre/Kenny McAdams	Registered manager: Paddy McCarron (acting)
Person in charge of the home at the time of inspection: Paddy McCarron	Date manager registered: Paddy McCarron - application received - "registration pending".

3.0 Methods/processes

Prior to inspection the following records were analysed:

- The registration details of the day centre
- Written and verbal communication received since the previous care inspection
- The previous care inspection report and quality improvement plan (QIP).

Specific methods/processes used in this inspection include the following:

- Discussion with seven members of the board of directors
- Discussion with the manager
- Discussion with five care staff
- Discussion with cook and catering assistant
- Discussion with eight service users
- Examination of records
- File audits
- Evaluation and feedback.

The following records were examined during the inspection:

- Sample of policies and procedures
- Minutes of staff meetings
- Minutes of service user meetings
- Catering records
- Menu planner
- Staff duty roster
- Two monthly monitoring reports.

The following records were examined following the inspection:

- Statement of Purpose
- Service User Guide.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 27/04/16

The most recent inspection of the day care setting 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 27/04/16

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 14 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Discussion with the manager confirmed this recommendation has been addressed. The manager confirmed no complaints had been recorded in The Resource Centre's complaints record since the previous care inspection.	

4.3 Inspection Findings

An unannounced inspection of The Resource Centre took place on 30 September 2016 from 09.55 to 16.55 hours. The focus of this inspection was to respond to a number of concerns raised in written correspondence that was received by RQIA on 21 September 2016.

Meals

A four week menu planner was available on the day of inspection. The inspector reviewed the menu planner. The menu did not offer a choice of meals and reflected one meal was provided. Discussions with the manager and cook concluded catering staff were aware of service user's likes, dislikes and preferences and that if a service user does not like the meal on that day, an alternative is provided. The menu planner did not record the starter nor on occasions did it record the vegetable/s provided.

The manager was advised to review the centre's menu planner. A clear choice of meal should be provided and the menu should reflect this as per standard 10.2. The menu planner should also reflect the starter and vegetable/s served. A recommendation has been made to address this issue.

Discussion with the manager and cook concluded menus are reviewed and updated on a monthly basis. Evidence was provided in this regard.

Discussion with the manager concluded that a system had not been implemented to ensure the nutritional content of the menu. A recommendation has been made to address this issue.

On the day of inspection the menu only reflected one choice however two additional choices were available for service users. As previously stated these additional choices were not recorded on the menu.

The Inspector observed the serving of the lunch time meal of homemade vegetable soup, creamed potatoes, baked cod, peas and parsley sauce. Gammon was available as an alternative to the baked cod and chips, curry sauce and beans were also available. A range of desserts were available that included yoghurts, angel delight and fruit.

The meal smelt and looked appetising and was served in appropriate portions. A variety of drinks were served with the meal, these included milk, juice and water.

An observation of the lunch time meal confirmed that service users were given a choice in regards to where they preferred to dine, food and fluid choices and the level of help and support requested. Staff treated service users with dignity and respect affording adequate time for service users to make decisions and choices and offered reassurance and assistance appropriately. Staff interactions with service users were observed to be compassionate, caring and timely. During discussion staff presented as knowledgeable and informed regarding each service user's dietary needs and preferences.

The dining room was attractively presented and spacious and the atmosphere was relaxed and leisurely.

All service users spoken with confirmed that they were satisfied with the choice of meals served and that individual preferences were catered for if requested.

Morning and afternoon tea was served with a variety of scones and biscuits.

The inspector undertook a tour of the kitchen. The kitchen was found to be clean and well organised. The Resource Centre had attained a five star rating following the most recent environmental health inspection. The dry goods store was well stocked with a variety of dry goods including baking products, dried herbs and condiments. A range of fresh fruit and vegetables were also available.

Discussion with the manager and cook concluded that fresh produce was sourced as far as possible. The cook confirmed a local butcher, fish monger and vegetable and fruit supplier were some of the suppliers that provided catering supplies to the day care setting. Evidence of weekly orders was provided.

Responsible Person

The inspector discussed the management arrangements within the day care setting. The manager informed the inspector that the registered provider had relinquished his role on the 02 September 2016. RQIA had not been informed that the registered provider had relinquished the role nor indeed of the arrangements that have been made or any proposed arrangements in the absence of the registered provider. A requirement has been made to address this issue.

Statement of Purpose

Discussion with the manager and care staff confirmed that there were five service users attending the day centre with a diagnosis of dementia. These service users had been diagnosed with dementia prior to commencing day care. The registered manager provided the inspector with an assurance that the service could meet and respond to these service users' needs. The Resource Centre's RQIA registration letter and Statement of Purpose does not include dementia care. The registered person must ensure the day care setting operates within their RQIA registration and their Statement of Purpose.

There have been recent changes in regard to the management structure within the day care setting and the Statement of Purpose should be reviewed and updated to include the following in accordance with Regulation 4(1):

- The name and address of the registered provider and the address of the registered manager.
- The relevant qualifications and experience of the registered provider and the relevant experience of the registered manager.
- The status and constitution of the day care setting.
- The number of service users to be provided with services.
- The range of needs that the day care setting is intended to meet and the number which can be accommodated.
- The arrangements made for consultation with service users or their representatives about the operation of the day care setting.
- The fire precautions and associated emergency procedures in the day care setting.
- The arrangements made for contact between service users and their representatives.
- The arrangements for dealing with complaints.
- The number and size of rooms in the day care setting.

A requirement has been made that the registered provider submits a revised Statement of Purpose, along with a variation application for consideration.

The inspector reviewed the environment in regard to the day centre accommodating service users with a diagnosis of dementia. Consideration should be given to providing an enabling environment including encouraging independence and social interaction and promoting safety. A recommendation has been made that the registered manager undertakes an environmental audit in relation to dementia care.

Service User Guide

The inspector reviewed the service user guide. The service user guide did not fully comply with standard 1.2. The following was not included in the service user guide:

- The current programme of activities
- The fees or charges payable (if any) and required payment method for services, facilities or activities
- The telephone number of the Regulation and Quality Improvement Authority.

A recommendation has been made that the registered provider submits a revised service user guide in accordance with standard 1.2.

Service user's monies

Review of the record of monies paid by service users for their lunch meal identified that service users nor staff signatures were not recorded on this record. The manager must maintain a record of monies received on behalf of services users. The record should be signed by either the service user or their representative and a staff member. In the event the service user cannot sign or declines to sign two staff should sign the record. A recommendation has been made to address this issue.

Individual service user's agreement

Discussion with the manager confirmed individual service user's agreements were not in place in accordance with standard 3. A recommendation has been made that each service user is provided with an individual written agreement, which, having regard to the assessment of need, confirms the day service is suitable and appropriate to his or her needs, and sets out any fees or charges payable, and the arrangements for payment of these and includes all matters listed in standard 3.1.

Policies and Procedures

Discussion with the manager concluded the following policies and procedures were not in place:

- Menu planning
- Safeguarding and protecting service user's money and valuables
- Service user agreement.

A recommendation has been made that these policies and procedures are developed and made available to all staff.

Complaints

The manager confirmed no complaints had been recorded in The Resource Centre's complaints record since the previous care inspection.

Discussions with service users concluded they were aware of the centre's complaints process. Service users said they would have no difficulty raising any areas of dissatisfaction, concern or complaint with staff or the manager.

Monthly Monitoring Reports

Discussion with the manager confirmed that monitoring visits were undertaken in June, July and August 2016. The inspector reviewed monthly monitoring reports for June and July 2016 during this inspection. The monthly monitoring report for August 2016 was not available in the day centre on the day of inspection. A recommendation has been made that monthly monitor reports should be available in the day centre at all times.

Staff Duty Roster

A staff duty roster was available on the day of inspection. However the duty roster did not record the hours worked by the manager, catering or transport staff. The full names of all staff and their designation were not recorded. A recommendation has been made that a record is kept of staff working each day and the capacity in which they work.

Service Users' Views

The inspector met with eight service users. Observations of interactions between service users and care staff reflected they were treated with respect and kindness.

Discussions with the service users concluded the quality of their lives has improved significantly as a result of their attendance at The Resource Centre. Service users stated they enjoyed attending the centre and staff frequently ask them for their views and opinions. They also stated staff listen to them and help them when they need it.

A sample of the comments made by service users included:

- "I love it here; I enjoy the activities and meals."
- "The staff are great, they couldn't do enough for me."
- "It gets me out of the house and really enjoy the company."
- "I've made many friends here over the years including the staff."
- "The food is second to none here. The cook knows exactly what I like and no matter what I ask for she does her best to provide it."
- "The homemade scones and lunches are delicious. I love coming here."
- "I am very well looked after here; it is like my second home."

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with seven members of the Board of Directors, Paddy McCarron, Manager and

Helen Doherty, Senior Care Assistant, 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 the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care 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 (January 2012). They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

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

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

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 4(1)</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2017</p>	<p>The registered provider must submit a revised Statement of Purpose that includes all relevant information as specified in Schedule 1 of The Day Care Setting Regulations (Northern Ireland) 2007, along with a variation application for consideration.</p> <p>Response by registered provider detailing the actions taken: The Resouce Centre Derry have now revised their Statement of Purpose in accordance with the Day Care Setting Regulations (Northern Ireland) 2007. Please find attached.</p>
<p>Requirement 2</p> <p>Ref: Regulation 31(b)</p> <p>Stated: First time</p> <p>To be completed by: 14 October 2016</p>	<p>The registered provider shall give notice in writing to the Regulation and Improvement Authority as soon as it is practicable to do so, if any of the following events takes place or is proposed to take place— (b) a person ceases to carry on or manage the day care setting;</p> <p>Response by registered provider detailing the actions taken: The Resource Centre Derry has informed RQIA of this and has now in place a Responsible / Registerd Manager within their day care setting.</p>
<p>Recommendations</p>	
<p>Recommendation 1</p> <p>Ref: Standard E7</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2017</p>	<p>The registered provider should undertake an environmental audit in relation to dementia care.</p> <p>Response by registered provider detailing the actions taken:</p> <p>The Resource Centre Derry has reviewed and made changes to the following in relation to the provison of care for denentia users within our day care centre.</p> <p>Rest rooms: Larger Door Signage (Consistent in style)</p> <p>Access Door to Day Centre:</p>
<p>Recommendation 2</p> <p>Ref: Standard 3.1</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2017</p>	<p>The registered provider should ensure each service user is provided with an individual written agreement, which, having regard to the assessment of need, confirms the day service is suitable and appropriate to his or her needs, and sets out any fees or charges payable, and the arrangements for payment of these and includes all matters listed in standard 3.1.</p> <p>Response by registered provider detailing the actions taken: A signed service user's written agreement for the service has been issued to all service user's within The Resource Centre Derry.</p>

<p>Recommendation 3</p> <p>Ref: Standard 11.5</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2016</p>	<p>The registered provider must ensure that the record of monies received on behalf of services users is signed by either the service user or their representative and a staff member. In the event the service user cannot sign two staff should sign the record.</p> <p>Response by registered provider detailing the actions taken: All financial transactions within the day care department are recorded by staff, each service user are issued with a signed receipt of payment for any purchases they may have obtained.</p>
<p>Recommendation 4</p> <p>Ref: Standard 10.2</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2016</p>	<p>The registered provider should ensure the lunch menu offers a choice of meal to service users, including those on therapeutic or specific diets.</p> <p>Response by registered provider detailing the actions taken: The Head cook of the kitchen has implemented a monthly menu plan to provide choice and to meet all dietary requirements.</p>
<p>Recommendation 5</p> <p>Ref: Standard 10.1</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2017</p>	<p>The registered provider should review the nutritional content of the menu using a validated nutritional tool.</p> <p>Response by registered provider detailing the actions taken: RCD will continually review and implement nutritional menus by way of online tools.</p>
<p>Recommendation 6</p> <p>Ref: Standard 1.2</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2017</p>	<p>The registered provider should ensure The Resource Centre's Service Users Guide is reviewed to include all matters listed in standard 1.2.</p> <p>Response by registered provider detailing the actions taken: The Resource Centre Derry have reviewed their Service Users Guide and have update all information, to meet all requirements within the Standards.</p>
<p>Recommendation 7</p> <p>Ref: Standard 18.1</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2017</p>	<p>The registered provider should ensure that the following policies and procedures, as detailed in Appendix 2 of the DHSSPS Day Care Settings Minimum Standards (2012) are developed and made available in the day centre in respect of:</p> <ul style="list-style-type: none"> • Menu planning • Safeguarding and protecting service user's money and valuables • Service user agreement. <p>Response by registered provider detailing the actions taken: The review of all The Resource Centre Derry's Policies and Procedures is currently ongoing and where appropriate, will be amended to meet the current Standards.</p>

<p>Recommendation 8</p> <p>Ref: Standard 17.10</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2016</p>	<p>The registered provider should ensure all monthly monitoring reports are retained in The Resource Centre and made available for inspection purposes.</p> <hr/> <p>Response by registered provider detailing the actions taken: The Resource Centre Derry have reviewed their systems and have implemented changes to ensure all information is recorded and stored within a secure location and only accessible to authorised staff.</p>
<p>Recommendation 9</p> <p>Ref: Standard 23.7</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2016</p>	<p>The registered provider should ensure a record is kept of staff working in the day care setting each day and the capacity in which they worked.</p> <hr/> <p>Response by registered provider detailing the actions taken: Weekly staff rota's are now in place with the above information for all to view within the service.</p>

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



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