

Unannounced Care Inspection Report 22 September 2016



Drumhaw Day Centre

Type of service: Day Care Service
Address: Drumhaw Park, Lisnaskea, BT92 0FT
Tel no: 028 6772 1588
Inspector: Angela Graham

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Drumhaw Day Centre took place on 22 September 2016 from 09.20 to 16.00 hours.

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?

On the day of the inspection Drumhaw Day Centre was found to be delivering safe care. There was positive feedback from all service users and a healthcare professional, spoken with, about the delivery of safe care in the day centre. Observations of care practices showed there was a culture of ensuring service users were safe and protected from harm. Staff were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding. No areas for quality improvement relating to safe care were identified during this inspection.

Is care effective?

On the day of the inspection Drumhaw Day Centre was found to be delivering effective care. Observations of staff interactions with service users and discussions with a total of 10 service users and a healthcare professional evidenced this. Discussion with the service users and staff concluded care was being delivered at the right time, in the right place, and with the best outcome. There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. Staff members spoke of supportive and positive working relationships within the team and with community based healthcare professionals. A requirement has been made that the registered provider submits a revised Statement of Purpose, along with a variation application for consideration. A recommendation has been made that the registered provider undertakes an environmental audit in relation to dementia care.

Is care compassionate?

On the day of the inspection Drumhaw Day Centre was found to be delivering compassionate care. Observations of care delivery evidenced that service users were treated with dignity and respect. Staff were observed responding to service users' needs and requests promptly and professionally. Discussion with service users and observation provided evidence that service users were listened to, valued and communicated with in an appropriate manner. No areas for quality improvement relating to compassionate care were identified during this inspection.

Is the service well led?

Evidence from discussions with staff indicated that the registered manager has positive working relationships with members of the staff team. Staff confirmed that they were well supported in their roles and that they had received mandatory and other training relevant to their roles and responsibilities. Service users in the centre stated that the service was well organised and well suited to their needs. Records of service users' meetings and staff meetings were satisfactory.

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	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Amanda Robinson, 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 QIP there were no further actions required to be taken following the most recent inspection on 18/01/16.

2.0 Service details

Registered organisation/registered person: Western Health and Social Care Trust	Registered manager: Amanda Robinson
Person in charge of the service at the time of inspection: Amanda Robinson	Date manager registered: 11 October 2011

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.

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

- Discussion with the registered manager
- Discussion with three care staff and an ancillary staff member
- Discussion with a healthcare professional
- Discussion with 10 service users

- Examination of records
- File audits
- Evaluation and feedback.

RQIA forwarded to the registered manager five questionnaires to distribute to service users; five staff members and five service users' representatives for their completion. The questionnaires asked for service user, staff and service users' representatives' views regarding the service, and requesting their return to RQIA. One service user and one service user's representative questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Complaints and compliments record
- Accident/untoward incident record
- Staff supervision and appraisal records
- Elements of three service users' care records
- Sample of policies and procedures
- Sample of quality assurance audits
- Staff training information
- Minutes of staff meetings
- Minutes of service user meetings
- Statement of Purpose
- Three monthly monitoring reports.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 18/01/16

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 18/01/16

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 18.1 Stated: First time	The registered person should review and revise the identified policies to address the matters discussed with the registered manager in feedback at the end of the inspection	Met
	Action taken as confirmed during the inspection: The registered manager confirmed that the identified policies and procedures were reviewed and updated following the previous inspection.	

<p>Recommendation 2</p> <p>Ref: Standard E1-E39</p> <p>Stated: First time</p>	<p>The suitability of the facilities for people with complex needs, particularly those who use large wheelchairs, should be assessed, taking account of the available space and the staff requirement.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed that an assessment of the premises and facilities had been undertaken following the previous inspection and no issues or concerns were identified.</p>		
<p>Recommendation 3</p> <p>Ref: Standard 23.1</p> <p>Stated: First time</p>	<p>The registered person should ensure that staffing in the centre is sufficient to enable staff to meet the assessed needs of service users while also complying with staffs' terms and conditions of employment.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager and staff confirmed that staffing levels met the assessed needs of the service users.</p>		

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the day care centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of the staffing rota for weeks commencing 22 August until 22 September 2016 evidenced that the planned staffing levels were adhered to.

Staff consulted confirmed that staffing levels met the assessed needs of the service users. Observation of the delivery of care evidenced that service users' needs were met by the numbers of staff on duty.

Discussion with the registered manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection.

A review of the schedule confirmed that supervisions were completed for staff on a quarterly basis, or more frequently, and staff appraisals were completed annually. Discussion with staff confirmed that they had received supervision and appraisal accordingly.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the centre for any period in the absence of the registered manager; records of competency and capability assessments were retained.

Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous inspection.

Review of a sample of records pertaining to accidents, incidents and notifications forwarded to RQIA confirmed that these were appropriately managed.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21, Schedule 2 of The Day Care Setting Regulations (Northern Ireland) 2007 and that records were retained at the organisation's human resource's department.

Discussion with the registered manager and review of records evidenced that care staff were registered with Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing.

The registered manager informed the inspector that there were no current safeguarding concerns ongoing. The registered manager described how any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

One service user returned a questionnaire. Review of the questionnaire asking for opinions on how safe the care is concluded the response was positive. The service user stated they felt safe and protected from harm, they could talk to staff, the environment is suitable to meet their needs and they would report concerns to the registered manager.

One service user's representative returned a questionnaire. Review of the questionnaire asking for an opinion on how safe the care is concluded the response was positive. The service user's representative stated 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.

A review of the service users' environment was undertaken. The day centre was found to be warm, fresh smelling and clean throughout. There was evidence that hand hygiene was promoted through notices, handwashing supplies and facilities. There were no obvious hazards to the health and safety of service users, visitors or staff. Fire exits and corridors were observed to be clear of clutter and obstruction.

Areas for improvement

No areas for improvement were identified during the inspection.

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

Discussion with the registered manager established that staff in the day care setting responded appropriately to and met the assessed needs of the service users.

Review of elements of three service users' care records reflected there are risk assessments and care plans in place. There was evidence that risk and other assessments informed the care planning process. There was also recorded evidence of multi-professional collaboration. Service users and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process. Care recording for every five attendances was being maintained.

Review of elements of three service users' care records confirmed annual reviews of the individual's day care placement had taken place in the previous year.

Review of a service user's care records identified the service user had a diagnosis of dementia. Discussion with the registered manager 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. Drumhew Day 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.

The Statement of Purpose did not fully comply with Regulations 4(1). The following was not included in the Statement of Purpose:

- The range of needs that the day care setting is intended to meet and the number which can be accommodated.

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.

It was observed during this inspection that records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals.

Records were made available for inspection concerning audits of the environment, care plans and infection prevention and control and evidenced that actions identified for improvement had been completed.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, multi-professional reviews, service users and staff meetings.

Discussion with the registered manager and review of records evidenced that service user meetings were held on a quarterly basis. The last meeting was held on 21 June 2016 and minutes were available.

Discussion with the registered 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 registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

There was information available to staff, service users and representatives in relation to advocacy arrangements.

Discussion with the registered manager confirmed that staff meetings were held on a quarterly basis, and records verified this. The last meeting was held on 30 June 2016 and the registered manager confirmed that the minutes of the meeting were made available for staff to consult.

Service users spoken with and observation of practices evidenced that staff were able to communicate effectively with service users.

Review of the returned service user's questionnaire asking for opinions on how effective the care is, concluded the response was positive. The service user agreed they got the right care, at the right time, with the best outcome for them. The service user also confirmed they are satisfied with communication with staff, staffs awareness of their needs, their preferences and choices are incorporated into the care they receive and their involvement in their annual review.

Review of the returned service user's representative's questionnaire asking for an opinion on how effective the care is, concluded the response was positive. The service user's representative agreed the service user got the right care, at the right time, with the best outcome for them. The service user's representative also confirmed they are satisfied with communication with staff, staff's awareness of their relative's needs, their relative's preferences and choices are incorporated into the care they receive and their involvement in their relative's annual review.

The service users spoke about the care they had experienced in the day care setting. They stated they liked coming to the day care setting, they liked the activities they were doing and they had made friends with other service users.

Areas for improvement

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

A recommendation has been made that the registered provider undertakes an environmental audit in relation to dementia care.

Number of requirements	1	Number of recommendations	1
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4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of service users.

Discussion with service users confirmed management and staff listen to them, offer them choices and involve them in decision making during their time in the day care setting.

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.

Staff were aware of each service user's individual communication needs and were observed responding positively and warmly which had the outcome of empowering service users to communicate. During discussion staff presented as knowledgeable and informed regarding each service user's needs.

Discussions with service users along with observations of practice during this inspection confirmed that service users were enabled and supported to engage and participate in meaningful activities.

The registered manager confirmed that service users were listened to, valued and communicated with, in an appropriate manner. Observation of practice confirmed that service users' needs were recognised and responded to in a prompt, courteous and supportive manner by staff.

There were systems in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them.

Service users are consulted in an informal daily basis via discussions with staff. Service users are consulted on a formal basis via service users' meetings; the annual review of their day care placement and they receive an annual quality assurance survey about the quality of the day service in Drumhew Day Centre.

The registered manager confirmed the findings from the annual survey had been collated into an evaluation/summary report which was made available for service users and other interested parties. The registered manager confirmed a copy of the evaluation/summary report was available.

Service users spoken with during the inspection commented positively in regard to the care they received. Examples of some of the comments made by service users are listed below:

- "I enjoy coming to the day centre and meeting up with friends."
- "Staff are very kind and caring."
- "The food is lovely and we always get a choice for dinner. We get tea and toast on arrival at the centre."
- "We have meetings with the staff where we talk about the food, activities and other things."
- "The centre is always warm and clean."
- "I have my review here with the social worker. Staff ask my views and record them on the form."
- "All staff are very good to me."

The inspector met with one visiting healthcare professional. The healthcare professional spoke positively of the service, care delivered and the staff team. Examples of some of the comments made by the healthcare professional are listed below:

- “I have just completed a number of care reviews in the centre this morning. My clients are extremely satisfied with the care in the centre.”
- “Staff inform me of any changes in my clients care. I feel communication is good between care staff and myself.”
- “Staff present as kind and caring towards the clients.”

Review of the completed service user’s questionnaire asking for opinions on how compassionate the care is, concluded the response was positive. The service user confirmed they are treated with dignity and respect and are involved in decisions affecting their care.

Review of the completed service user’s representative questionnaire asking for an opinion on how compassionate the care is, concluded the response was positive.

Areas for improvement

No areas for improvement were identified during the inspection.

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

The registered manager confirmed that there were management and governance systems in place to meet the needs of service users.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Staff confirmed that they had access to the day centre’s policies and procedures. The registered manager confirmed that policies and procedures were systematically reviewed every three years or more frequently should changes occur.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the day care setting. An organisational chart was displayed within the day care setting. Staff were able to describe their roles and responsibilities.

The certificate of registration issued by RQIA was displayed in a prominent position in the day care setting.

Discussion with staff confirmed they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns.

The working relationships between staff and management were reviewed through discussion with staff and management, review of the minutes of staff/team meetings and analysis of staff questionnaires.

Review confirmed there are arrangements in place for staff to access their line manager such as supervision and open door access to management as required. Discussions with staff also

confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Service users were made aware of the process of how to make a complaint by way of the complaints procedure which was displayed on noticeboards throughout the day centre. The complaints procedure detailed the onward referral arrangements if local resolution was not achieved.

Monthly monitoring visits were undertaken as required under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007; reports were produced and made available for service users, their representatives and RQIA.

Review of the completed service user's questionnaire asking for opinions in regard to the management of the service concluded the response was positive. The service user confirmed the service is managed well.

Review of the completed service user's representative's questionnaire asking for an opinion in regard to the management of the service concluded the response was positive. The service user's representative confirmed the service is managed well and the manager is approachable, friendly, professional and caring.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Amanda Robinson, Registered 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 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

Requirement 1

Ref: Regulation 4 (1)

Stated: First time

To be completed by:
31 December 2016

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.

Response by registered provider detailing the actions taken:

The Statement of Purpose will be updated to include all the relevant information as specified in Schedule 1 of The Day Care Setting Regulations (Northern Ireland) 2007 and will be submitted along with a variation application for consideration.

Recommendations

Recommendation 1

Ref: Standard E7

Stated: First

To be completed by:
31 December 2016

The registered provider should undertake an environmental audit in relation to dementia care.

Response by registered provider detailing the actions taken:

An environmental audit in relation to dementia care will be carried out by Estates Services, Fire Officer and the Lead Provider in Dementia care Services within the Trust.

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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