

Care Inspection Report

27 September 2016



Creggan Day Centre

Type of service: Day Care Service
Address: Fanad Drive, Derry, BT48 9QE
Tel no: 02871269082
Inspector: Dermott Knox

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Creggan day Centre took place on 27 September 2016 from 10.30 to 17.30.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day centre was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The day centre premises were in good condition with no obvious hazards for service users or staff. The facilities available for activities and for therapeutic work with service users were very satisfactory in both size, furnishings and equipment. Records and discussions with staff and service users confirmed that staffing levels met the assessed needs of the service users. Safeguarding principles and procedures were understood by staff who were interviewed. Observation of the delivery of care provided evidence that service users' needs were being met by the staff on duty and by additional activity leaders who were regularly employed. Risk and vulnerability assessments were being carried out routinely and were used to inform care plans. No areas for improvement were identified at this inspection with regard to the provision of safe care.

Is care effective?

Referral and assessment information informed the care plan for each service user. Progress notes and day to day records for each person were clear and used personalised language. The supportive and motivating value of the day care service was confirmed by all of the service users and staff members who met with the inspector. There was written evidence in review reports to show that service users and their representatives were satisfied with the outcomes of the day care service. Staff were deployed in a manner that made good use of their skills and experience and team members confirmed that they were supported to function efficiently and effectively. The use of resources, including external activity facilitators, enabled the provision of a good range and variety of activities. Staff members spoke of supportive and positive working relationships within the team. Overall, the evidence indicated that effective care is provided by Creggan Day Centre.

Is care compassionate?

Interactions between staff members and service users were seen and heard to be good humoured, encouraging, respectful and caring. The discrete manner in which personal care and confidential matters were dealt with was commendable. The caring nature of practices that were observed was reflected in progress records, written frequently and in well-personalised terms. Staff members confirmed their confidence in the caring qualities of their colleagues and were sure that poor practice would not be tolerated and would be reported immediately. Service users contributed a variety of positive comments on their enjoyment of attending the centre and on the "excellent" qualities of the staff members who provided the service. Questionnaire responses from two service users and from three staff members were unanimous in their positive views of the service in all four of the domains examined at this inspection. The evidence presented at this inspection indicated that compassionate care was provided consistently by the Creggan Day Centre.

Is the service well led?

The WHSCT has quality assurance systems in place, through which operations are monitored and staffs' practice is evaluated. Staff members confirmed that formal supervision was taking place regularly. Discussions with staff provided evidence that the team was supportive and well-motivated to provide effective, good quality care. The manager presented as being enthusiastic in her support of the staff team and in seeking continuous service improvement.

Due to the diversity of services provided by Creggan Day Centre, upward reporting lines in the organisation are unusual, in that the registered manager reports to two separate directorates, regarding the operations of different parts of the service. The manager stated that senior managers were aware of this situation and that possibilities for improved arrangements are being explored.

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	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Rhona McGowan, 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 care inspection on 10 March 2016.

2.0 Service details

Registered organisation/registered person: Western HSC Trust, Mrs Elaine Way CBE, Registered Person	Registered manager: Ms Rhona McGowan
Person in charge of the service at the time of inspection: Ms Rhona McGowan	Date manager registered: 16 June 2016

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Record of notifications of events
- Record of complaints
- Quality Improvement Plan from the previous inspection on 10 March 2016.

During the inspection the inspector met with:

- Four service users in group settings
- Two service users in one to one discussions
- One relative
- One visiting activity leader
- The registered manager
- Three care staff for individual discussions
- The cook.

Questionnaires were left with the manager to be distributed to service users, staff and a number of relatives or carers of service users. By the 12 October 2016, five completed questionnaires had been returned to RQIA, three from staff members and two from service users.

The following records were examined during the inspection:

- File records for five service users, including care plans and review reports
- Progress notes for three service users
- Three monitoring reports for the months of May, July and August 2016
- Record of complaints
- Minutes of one service users' meeting
- Minutes of six staff meetings held since 16 June 2016
- Training records for two staff
- Minutes of four managers' (Link Group) meetings
- A sample of written policies, including those on 'Absence of Manager', 'Selection and Appointments' and 'Continence Promotion (Draft), May 2016'.
- Statement of Purpose
- Service User Guide.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent care inspection dated 10 March 2016

The most recent care inspection of the service was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP was validated by the responsible inspector on 06 September 2016.

4.2 Review of requirements and recommendations from the last care inspection dated 10 March 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 29(1)(d) Stated: First time	RQIA to be notified whenever the central heating within the centre fails to operate.	Met
	Action taken as confirmed during the inspection: There had not been a recurrence of heating failure since the previous inspection but the manager confirmed her awareness of this requirement.	
Requirement 2 Ref: Regulation 19(2). Sch.5(7) Stated: First time	The registered provider must ensure that daily dates are recorded within the duty roster.	Met
	Action taken as confirmed during the inspection: Duty rosters are completed weekly and any variance to the established arrangements are recorded on the relevant date.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 18.1 Stated: First time	A policy/procedure on continence promotion to be established and available to staff.	Met
	Action taken as confirmed during the inspection: A draft policy document was available for inspection. The manager stated that staff were working to this policy, pending its full adoption by the WHSCT.	
Recommendation 2 Ref: Standard 17.15 Stated: First time	The manager is to undertake mandatory training to ensure knowledge is up to date in all areas relevant to the management and provision of services.	Met
	Action taken as confirmed during the inspection: The manager confirmed that she had participated in relevant training, organised by the Primary Care and Older People directorate within the Trust and that this was completed in September 2016.	

Recommendation 3 Ref: Standard 14.1 Stated: First time	The registered provider should ensure that all complaints received are managed in accordance with the WHSCT's Complaints Policy and the Day Care Setting Regulations.	Met
	Action taken as confirmed during the inspection: The complaints in question were recorded in the accepted format, updated since the previous inspection.	

4.3 Is care safe?

The manager and three staff members, 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. The staff member who takes charge in the manager's absence has many years' experience of working in the centre and is deemed competent to take charge of the centre. Staff selection methods were reported by staff members as being standardised and professional.

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, service users and, where appropriate, a relative/carer. Risk and vulnerability assessments, transport, and mobility risk assessments, were present in each of the service user's files examined and each one had been signed as agreed by the service user or a representative. Fire alarm systems checks were carried out and recorded on a weekly basis.

Five questionnaires were completed and returned to RQIA; three by staff members and two by service users. Respondents were unanimous in their praise of the quality and safety of care provided. During the inspection visit, two service users contributed through individual discussions to the inspection process and spoke very positively of the quality of care provided at the centre and of their enjoyment in taking part in the various activities. Both people confirmed that they felt safe in the centre, in the transport bus and in organised activities.

Service users' rights and feelings, and the methods available to them of raising a concern or making a complaint had been discussed in a recent service users' meeting. Evidence from discussions, observations and in written records indicated that staff regularly seek the views of service users regarding their care preferences and the activity programmes in which they participate. Staff presented as being well informed of the needs of service users and of methods of helping to meet these needs safely.

One notifiable event had been reported to RQIA in the year preceding this inspection. This was judged by RQIA to be a low risk event and the report indicated that it had been managed appropriately. Eleven complaints, recorded in the year preceding this inspection, all related to the same matter; inadequate heating in February 2016. The matter had been investigated by the WHSCT and the outcome will only be apparent whenever a similar low outdoor temperature occurs again. The centre was clean, spacious and in good repair and service users confirmed that they were provided with a safe and comfortable environment in which to take part in activities.

The evidence presented supports the conclusion that safe care is provided in Creggan Day Centre.

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?

Five service users' files were examined and each was found to contain detailed referral and assessment information on the individual and on his or her functioning. Care plans addressed identified needs accurately, particularly where there were very specific matters, e.g. diabetes care, to be taken into consideration. Files contained both a "General Risk and Vulnerability Assessment" and a "Transport Risk Assessment", making the transportation matters easily accessible and clear for staff involved in that part of the service. This separation also respects confidentiality with regard to certain care matters. A record was kept of each service user's involvement and progress at the centre and entries were in proportion to the frequency of attendance of the individual. Dates and signatures were missing from several care records and from minutes of some team meetings and a recommendation is made in this regard.

Two service users were keen to speak about their experiences of participating in the centre's activities and in their individual care programmes and both presented very positive views of the support that they received. 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. Well written review records were available in each of the files examined and these included the service user's views and were informed by the written progress records. A number of service user's records included reports of a Trust mental health review, which provided useful additional evidence of the effectiveness of the service.

Evidence from discussions with service users and from written records confirmed that service users enjoyed activities and felt that the centre was a supportive place in which to spend their time. The manager and staff worked creatively to involve service users in a variety of experiences, making full use of the available rooms and local activity facilitators. The premises are spacious but with a simple layout which may help to avoid disorientation on the part of any service user. Service users confirmed that meals were always of a good standard and were suitable for each individual's needs.

The evidence indicates that the care provided is effective in terms of promoting each service user's involvement, enjoyment and wellbeing.

Areas for improvement

The registered provider should ensure that records, such as annual review summary sheets and minutes of team meetings are always signed and dated by the person making the record.

Number of requirements:	0	Number of recommendations:	1
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4.5 Is care compassionate?

Observations of activities throughout the centre provided evidence of service users relating positively to staff and to each other. The centre makes creative use of paintings and other art and craft work, produced by service users, to highlight their involvement in the running of the centre and one service user was being helped, during this inspection, to prepare his paintings for a forthcoming exhibition. A singer/guitarist led an inclusive and clearly enjoyable sing-along session in the morning, after which he spoke to the inspector about his love of engaging with service users through the medium of music and song and its positive effect on their wellbeing. In this, and all of the interactions observed, service users were engaged with warmth, respect and encouragement.

Service users confirmed that staff listen to them and involve them in deciding what they want to do during their time in the day centre. Service users were afforded choice and were seen to be encouraged by staff in constructive activities. Staff demonstrated a good knowledge of each service user's assessed needs as identified within the individual's care plan.

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. Responses in the two service user questionnaires returned to RQIA affirmed that compassionate care was delivered to a very satisfactory standard within the day care setting. Responses in these questionnaires, plus three from staff members, rated all aspects of the service very highly. The views of a sample of service users were sought during each monthly monitoring visit and their comments were included in the monthly reports for May, June and August 2016 which were reviewed. The minutes of a service users' meeting, in the week prior to this inspection, provided evidence of good consultation with service users who were prompted with open questions to encourage the expression of their views. There was strong evidence to indicate that Creggan Day Centre provides compassionate care to its service users.

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 WHSCT has clear management information set out in the statement of purpose, so that staff members know the leadership and decision making structure regarding social care services, including day centres. There was written evidence in the staffing records to show that staff members were appropriately qualified for their designated roles. There was a comprehensive Induction Training pack in place and one staff member confirmed that she had experienced very good preparation for the job. A system is in place for the identification of staffs' training needs and for meeting these, including an annual closure of the centre for the provision of mandatory training. Other specific training needs were met throughout the year on an individual basis, for example, a senior day care worker had recently attended a very relevant, BASW sponsored course on 'Older People, Loneliness and Day Care Programmes'. Records of staffs' training were up to date and a staff member, who may be required to take charge of the centre in the manager's absence, was deemed competent for this role.

The WHSCT has quality assurance systems in place, through which operations are monitored and staffs' practice is evaluated. Staff members confirmed that formal supervision was taking place regularly. Discussions with staff provided evidence that the team was supportive and well-motivated to provide effective, good quality care. The manager presented as enthusiastic in support of the staff team and in seeking continuous service improvement.

Examination of three monitoring reports showed that all of the required aspects of the centre's operations were checked, with action plans completed to ensure that identified, necessary improvements would be addressed within a specified timescale. The introduction of the use of a standardised template in monitoring visits, for reviewing records in the centre, is a positive development in the Trust's quality assurance systems.

Due to the diversity of services provided by Creggan Day Centre, upward reporting lines in the organisation are unusual, in that the registered manager reports to two separate directorates, regarding the operations of different parts of the service. The manager stated that senior managers were aware of this situation and that possibilities for improved arrangements are being explored. A recommendation is made in this regard.

Areas for improvement

The registered person should inform RQIA of any action being taken to optimise the management structure for Creggan Day Centre, to provide the manager and staff with clear and unified lines of accountability.

Number of requirements:	0	Number of recommendations:	1
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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 Rhona McGowan, 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 service. 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

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 19.4</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered provider should ensure that records, such as annual review summary sheets and minutes of team meetings are always signed and dated by the person making the record.</p> <p>Response by registered provider detailing the actions taken: The registered manager will continue to ensure records are signed. The team meeting record now includes the name of the minute taker along with a signature and date at the end of the record.</p>
<p>Recommendation 2</p> <p>Ref: Standard 17.1</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2016</p>	<p>The registered person should inform RQIA of actions being taken to optimise the management structure for Creggan Day Centre, to provide the manager and staff with clear and unified lines of accountability.</p> <p>Response by registered provider detailing the actions taken: The Review of Creggan Day Centre services is ongoing. Any developments in relation to the disaggregation of the adult day care services from Women and Children management structure will be forwarded onto RQIA as requested.</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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