

Unannounced Care Inspection Report 12 March 2019



Maghera Day Centre

Type of Service: Day Care Service
Address: 26 Coleraine Road, Maghera, BT40 6AH
Tel No: 02879643360
Inspector: Heather Sleator

www.rqia.org.uk

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a purpose-built Day Care Setting with places approved for 50 people in all adult ages. Service users may have assessed needs in one or more categories of disability, infirmity, dementia, leaning disability, illness or sensory impairment. Programmes are arranged throughout each week to meet the needs of people in their allocated groups.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual(s): Dr Anthony Baxter Stevens	Registered Manager: Mr George Weir (Acting)
Person in charge at the time of inspection: George Weir	Date manager registered: George Weir - application not yet submitted
Number of registered places: 50	

4.0 Inspection summary

An unannounced inspection took place on 12 March 2019 from 10.00 to 16.00 hours.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

The inspection sought to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the culture and ethos of the service; listening to and valuing service users, taking into account their views, choice and preferences. Good practice was demonstrated regarding the provision of therapeutic activities and recreational opportunities. Overall there was evidence of good governance arrangements; staff training, professional development opportunities, supervision and appraisal, management of accidents/incidents and complaints, continuous quality improvement and effective team working.

Areas for improvement was identified under the care standards regarding the submission to RQIA regarding a change of use of a room, making safe exposed pipework and that service users' care/support plans reflect current needs.

Service users said that they enjoyed the centre, liked coming to see their friends (staff included) and were spontaneous in their interactions with other service users and staff.

A service user said:

“Good company, good friends and people make you feel like you're of value to someone.”

The findings of this report will provide the day care centre with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

Details of the Quality Improvement Plan (QIP) were discussed with George Weir, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 22 May 2017

No further actions were required to be taken following the most recent inspection on 22 May 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration details of the day care centre
- incident notifications submitted to RQIA since the last care inspection
- unannounced care inspection report of 22 May 2017

During the inspection the inspectors met with:

- the manager
- four staff
- student social worker on placement
- nine service users on an individual basis
- observation of a morning and afternoon activity

Questionnaires were given to the staff on duty to distribute between service users and relatives. There were no questionnaires completed and returned within the specified timescale from service users. The person in charge was provided with a poster to be displayed in the service advising of how staff could complete electronic questionnaires and submit these to RQIA. There were no questionnaires completed and returned within the specified timescale from staff.

The following records were examined during the inspection:

- three service users' care records
- a sample of daily staff room rota
- two completed staff competency and capability assessments
- the complaints and compliments records

- incidents and accidents records
- the minutes of service user self-advocacy group meetings
- a sample of records of staff meetings
- supervision and annual appraisal planner
- a sample of monthly monitoring reports
- a staff training matrix
- quality audits/governance arrangements for the centre
- a sample of completed quality questionnaires completed by service users
- the Statement of Purpose and Service User Guide

The findings of the inspection were provided to the manager, George Weir, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 22 May 2017.

The most recent inspection of the establishment was an unannounced care inspection on 22 May 2017.

6.2 Review of areas for improvement from the last care inspection dated 22 May 2017

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager explained that all staff working in the centre were sufficiently qualified, competent and experienced and can meet the assessed needs of the service users; taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose.

The staff duty roster/daily work plan reflected the staff on duty, capacity and time worked was viewed. Staff and service users are allocated to specific activities; the staffing arrangements are to promote continuity of care and support and to build on the relationship between the service users and staff. In discussion service users expressed their satisfaction with the staff and staffing arrangements and commented; "Staff are dead on, they're 100 percent."

There were no completed satisfaction questionnaires from service users returned to RQIA. There were also no issues were raised by staff in respect of the staffing arrangements during the inspection. Comments from staff included; "This is a great place to work, everyone works together." There were no completed staff questionnaires returned to RQIA.

Competency and capability assessments had been completed for any person in charge of the centre in the absence of the manager; records of assessments retained, samples reviewed were found to be satisfactory.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was provided. A schedule for mandatory training, annual appraisal and staff supervision was maintained and was reviewed during the inspection. Staff who supervise others had completed training in supervision and appraisal. In discussion with an agency staff member it was confirmed that training had been provided by the agency however an induction training programme was also completed when the staff member started in the centre.

The manager explained that all staff recruitment records were retained at the Northern Health and Social Care Trust (NHSCT) human resource department. Electronic confirmation of compliance with employment legislation as set within The Day Care Setting Regulations (Northern Ireland) 2007 and Department of Health (DoH) Day Care Settings Minimum Care Standards (2012) were provided to the centre's manager prior to new staff commencing duty.

Arrangements were in place to monitor the registration status of care staff with their professional body with monitoring records retained. The registration status of staff is also monitored at supervision.

The manager advised that the use of a restrictive practice was not an assessed need for service users. The centre is not locked; there were no specific behavioural management needs or one to one staffing arrangements for service users.

Discussion with staff and inspection of records confirmed that staff had a good understanding of adult safeguarding principles and their obligation in relation to raising awareness concerns about poor practice and whistleblowing. A review of staff training records evidenced that mandatory training in adult safeguarding had been provided for all staff. The review of records evidenced that there had been no safeguarding referrals made from the previous inspection in March 2018. The manager was the safeguarding champion for the centre and had completed the required training.

An inspection of the environment evidenced that it was clean, well maintained and that furniture, aids and appliances presented as fit for purpose. A bathroom had been decommissioned and converted to a store room. The pipework from where the bath had been was exposed and posed a safety hazard. This has been identified as an area for improvement under the care standards. The manager was unaware if RQIA had been informed of the change of use of the bathroom. This should be clarified and if not, a change of use submission to RQIA should be submitted. This has been identified as an area for improvement under the care standards.

Fire safety precautions were inspected and it was noted that fire exits were unobstructed. The most recent report from the fire risk assessor was viewed and any issue identified had been actioned. The fire safety records evidenced that there had been a number of fire drills and

staffs attendance was recorded to evidence the required number of fire safety training events per year had been complied with.

Service users spoken with during the inspection gave positive feedback in regard to the safe care provided. No issues or concerns were raised or indicated. A service user commented:

- “The centre has given me back my self-esteem.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff arrangements, training, supervision and appraisal, adult safeguarding, risk management and the day centre’s environment.

Areas for improvement

Areas for improvement under the care standards were identified regarding the change of use of an identified bathroom and boxing in of exposed pipework in the identified bathroom.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

A review of three service users’ records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and regular statement of health and well-being of the service user. Care needs assessment and risk assessments, including falls, moving and handling were reviewed and updated on a regular basis or as changes occurred.

The records also reflected the multi-professional input into the service users’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual service users. However, the process for updating service users’ care plans should be reviewed as the review of the records did not evidence a consistent and clear approach by staff. The updating of the record due to changing need was not always signed and dated. This has been identified as an area for improvement under the care standards. Service users and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the service user and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice and staff demonstrated their knowledge of individual service users throughout the inspection. Audits of care records were conducted with random selection reviewed at staff supervision and monthly monitoring visits.

An individual agreement setting out the terms of placement were in place and appropriately signed. Records were stored safely and securely in line with data protection.

The manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, service users’ meetings and staff meetings. The staff and service user’s confirmed that management operated an “open door” policy in regard to communication within the day centre.

Service users spoken with and observation of practice during a morning and afternoon activity evidenced that staff were able to communicate and engage effectively with service users. Minutes of service users’ meetings were viewed during the inspection, these are held quarterly. The minutes of the meetings are displayed for the service users to view. Service users had raised an issue regarding the ‘pot holes in the tarmac at the front of the centre and commented “how long does it take to get fixed?”. The condition of the tarmac was also reported in the monthly quality monitoring reports however the surface of the forecourt remains in a poor condition. There were numerous notice boards throughout the centre providing service users, relatives and staff with information regarding activities, photographs of activities and events and policy guidance.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the service users. The manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for service users.

Service users spoken to commented:

- “I love it here; I’d be lost without it.”
- “They’re all very special people (staff).”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users, staff and other key stakeholders.

Areas for improvement

An area was identified for improvement under the care standards regarding the updating of service users care/support plans.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The manager confirmed that staff in the centre promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of service users. Discussion with service users, staff and observation of a morning and an

afternoon activity evidenced that service users were treated with dignity and respect while staff promoted and maintained their independence. Service users stated that they were asked their opinion regarding what they like to do in day care and that staff were approachable and listened to them. One service user commented, “Good company, good friends, the people make you feel you’re of value to someone.”

Service users spoke about the range of activities they enjoyed taking part in, including going to the local leisure centre, music activities, arts and craft and baking. Discussion with service users and staff along with observation of care practice and social interactions demonstrated that service users were treated with dignity and respect. Staff confirmed their awareness of promoting service users’ rights, independence and dignity and was able to demonstrate how service users’ confidentiality was protected. We observed the morning activity in one of the rooms. Service users were fully engaged with the staff member leading the group and a lot of conversation and engagement with each other was evident. Staff were observed gently offering encouragement and support a service user who was unsettled and demonstrated their knowledge of the individual by anticipating behaviour and giving support.

Discussion with staff and service users and observation of practice confirmed that service users’ needs were recognised and responded to in a prompt and courteous 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. For example: service users’ meetings (self-advocacy meetings), service user satisfaction surveys, annual reviews and monthly monitoring visits undertaken on behalf of the registered provider. The most recent service users’ satisfaction survey was February 2019 and 49 service users responded. An outcome report was written; this was viewed and was a very positive report. Service users expressed their overall satisfaction with the centre however they did state that they would like more bus outings. Comments included:

- “Staff listen to me and make sure my needs are met.”
- “I am isolated and this (centre) has helped me meet new friends.”
- “It (centre) gives me a lift and helps me cope with my physical and mental health.

Service users spoken with during the inspection made the following comments:

- “I can be myself here.”
- “Meeting with others, craic is good; care is brilliant basically staff would do anything for you.”
- “I see a lot of sincerity here that I don’t see outside.”
- “This is not what I thought it would be, thought it would be all old people and it’s not, I’d recommend it to anyone.”
- “Disappointing that the Trust (not the centre) have cancelled our yearly bus trip due to health and safety reasons, finance and lack of staff.”

There were no completed questionnaires were returned to RQIA from service users, service users’ representatives or staff within the specified timescale.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing service users / representatives and taking account of their views.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The manager, George Weir, facilitated the inspection and demonstrated very good understanding of The Day Care Setting Regulations, minimum standards and the systems and process in place for the daily management of the day centre.

The manager described the management arrangements and governance systems and processes in place within the day centre. These were found to be in line with good practice and that the management and control of operations within the day centre was in accordance with the regulatory framework. Inspection of the premises confirmed that the current RQIA certificate of registration was displayed within a prominent position.

There was a clear organisational structure and all staff demonstrated knowledge of their roles, responsibility and accountability. The manager confirmed that the registered provider was kept informed regarding the day to day running of the day centre through, for example, monthly monitoring visits made on behalf of the registered provider, emails and phone calls.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Service users and/or their representatives were made aware of how to make a complaint by way of meetings, service user's guide and trust information leaflets displayed. The review of records evidenced that complaints received had been fully investigated and resolved to the complainant's satisfaction.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

A monthly monitoring visit was undertaken in accordance with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. The reports showed the visits were

unannounced, provided a view regarding the conduct of the setting, included outcomes/action plans and qualitatively reflected service users and staff views and opinions. Reference had been made in the monthly quality monitoring report about the 'potholes' in the tarmac as raised by service users but action has yet to be taken to rectify this.

Reports were produced and made available for service users, their representatives, staff, trust representatives and RQIA. Records of the past three months were reviewed.

Discussion with staff and the person in charge confirmed that there were effective working relationships with internal and external stakeholders. The centre had a whistleblowing policy and procedure in place and discussion with one staff member established that they were knowledgeable regarding this. Staff confirmed that there were good working relationships within the day centre and that the manager was always responsive to suggestions and/or concerns raised. Comments received from service users included:

"From George (manager) has been in post he's kept the centre going 100 percent and smoothly."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of accidents/incidents, ongoing quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with George Weir, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 25.10 Stated: First time To be completed by: 9 April 2019	<p>The registered person shall ensure that any change of use to the registered building is approved by RQIA. If this has not already been done a submission is required within the specified timescale.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Email sent to R.Q.I.A on 04/04/2019 informing of name change from Assisted Bathroom to Assisted toilet . New signage placed on door .</p>
Area for improvement 2 Ref: Standard 25 Stated: First time To be completed by: 1 May 2019	<p>The registered person shall ensure that the pipework in the identified bathroom/storeroom is boxed in and does not pose a hazard.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Works request made on 13/03/2019 Ref no 741588 to have necessary work carried out and this should be completed before 1st May</p>
Area for improvement 3 Ref: Standard 5.6 Stated: First time To be completed by: 1 May 2019	<p>The registered person shall ensure that service users' care plans/support plans clearly reflect the service users current needs and have been signed and dated.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Care plans have been updated and reflect current up to date care needs. Dated and Signed</p>

Please ensure this document is completed in full and returned via Web Portal



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)