

# Care Inspection Report

## 22 May 2017



## Maghera Day Centre

Type of service: Day Care Service  
Address: 26 Coleraine Road, Maghera, BT40 6AH  
Tel no: 02879643360  
Inspector: Dermott Knox

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Maghera Day Centre took place on from 10.00 to 16.15.

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

### **Is care safe?**

Maghera Day Centre premises were clean, well-furnished and in good condition, with no obvious hazards for service users or staff. There is a range of rooms available for group or individual work and activities with service users. The centre includes an attractive and safe garden area. Staff rotas and discussions with staff and service users confirmed that staffing levels met the assessed needs of the service users. Safeguarding procedures were understood by all staff who were interviewed. Staff members confirmed their trust in the caring qualities of their colleagues. Risk assessments were carried out at least annually, in order to minimise risks and to manage them consistently. Observation of the delivery of care throughout the inspection provided evidence that service users' needs were met safely by the staff on duty. No areas for improvement were identified at this inspection with regard to the provision of safe care.

### **Is care effective?**

Detailed assessment information supported the delivery of effective care for the four service users whose records were examined at this inspection. Progress for service users was recorded in good detail in all of the records that were examined. Service users, who met with the inspector, spoke about the importance of the day care service to their day to day wellbeing. There was written evidence in review reports of service users and their representatives being very satisfied with the outcomes of day care in terms of benefits for them. Staff were deployed in a manner that made good use of their skills and experience. Three staff members spoke of supportive and positive working relationships within the team and five staff returned questionnaires to RQIA, all stating that they were very satisfied with the leadership, management and quality of care provided. The evidence indicates that Maghera Day Centre is providing a good quality, effective day care service.

### **Is care compassionate?**

Interactions between staff members and service users were seen and heard to be caring, encouraging and respectful. Personal care and confidential matters were dealt with discreetly and sensitively. Progress records, written at least once for every five attendances of each service user, were individualised and reflected the caring nature of the practices observed. All of the service users, who spoke with us, communicated positive feelings on their enjoyment of attending the centre and the activities in which they engaged. Overall, the evidence presented at this inspection indicated that compassionate care was being provided consistently in Maghera Day Centre.

### **Is the service well led?**

Maghera Day Centre has systems in place to inform staff on the responsibilities of their various roles and the expected standards of practice. There is a programme of training covering the identified needs of staff and there was evidence of the provision of satisfactory training

opportunities. Staff members confirmed that they have formal supervision quarterly and that they have good support from their colleagues in the team. Monthly monitoring reports were clear, detailed and well presented, with action plans identifying any necessary improvements.

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
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with, James Burnside, Day Care Worker and person in charge, as part of the inspection process and can be found in the main body of the report.

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 30 August 2016.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Northern HSC Trust/Dr Anthony Baxter Stevens	<b>Registered manager:</b> Mr John Holmes
<b>Person in charge of the service at the time of inspection:</b> Mr. James Burnside, Day Care Worker	<b>Date manager registered:</b> 20 April 2011

### 3.0 Methods/processes

Prior to inspection we analysed the following records:

- Record of notifications of events
- Record of complaints
- The Statement of Purpose
- Quality Improvement Plan from the previous inspection on 30 August 2016.

During the inspection the inspector met with:

- Ten service users in group settings
- Two service users individually
- Two care staff, in individual discussions and two others in group settings
- Two relatives of service users
- The day care worker in charge, at the commencement and conclusion of the inspection.

Questionnaires were left with the manager to be distributed to service users, staff and a number of relatives or carers of service users. Four service users completed questionnaires on the day of the inspection and five completed questionnaires were mailed by staff members to RQIA following the inspection.

The following records were examined during the inspection:

- File records for four service users, including assessments and review reports
- Progress records for four service users
- Monitoring reports for the months of January, February and March 2017
- Records of staff meetings held in August and December 2016 and April 2017
- Minutes of Service User Committee Meetings for November 2016 and February 2017
- The constitution for the Service User Committee
- Selected training records for two staff
- Records of supervision for two staff.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 30 August 2016

The most recent inspection of the service was an unannounced care inspection. The completed QIP was returned and approved by the specialist inspector. This QIP has been validated by the care inspector at this inspection.

### 4.2 Review of requirements and recommendations from the last care inspection dated 30 August 2016

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard E5 <b>Stated:</b> First time	The registered provider should ensure that the identified trip hazard at the entrance gates to the centre is addressed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The satisfactory completion of this work was verified through observation.	

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard E 22</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure that one toilet is not used until a replacement wash hand basin is installed.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A replacement wash hand basin had been installed.</p>	<b>Met</b>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 8.6</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure that service user names are not recorded in the monthly monitoring reports unless consent is obtained and recorded. An alternative identification method should be used.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Monitoring reports examined did not identify service users by name.</p>	<b>Met</b>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 18.5</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure that review and revision of the adult safe guarding policy, which was dated 2006, is reviewed and revised.</p> <p>Systematic three yearly reviews of all hard copies of policies and procedures should be undertaken to ensure they are current and match those held electronically.</p> <p>(Reference to policies and procedures recommended are listed within appendix 2 of the Day Care Settings Minimum Standards. (January 2012)</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The staff member in charge confirmed that policies and procedures are now accessed, almost exclusively, on the Trust's computer network and are reviewed and revised three yearly.</p>	<b>Met</b>

### 4.3 Is care safe?

A tour of the day centre premises with a service user confirmed that all areas were in good condition with no obvious hazards for service users or staff. There are several spacious rooms available for group activities and for individual work with service users, when necessary. Outdoor garden areas were well tended and had level paved surfaces, making access possible for those with restricted mobility.

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. All three staff members had worked in the centre for many years and expressed strong commitment to their work with service users, which, they confirmed, is enjoyable and satisfying. It was confirmed that any new staff would undertake a detailed induction programme. Safeguarding procedures were understood by staff who were interviewed. There was evidence of staff attending closely to those service users whose condition might lead to their feeling restricted.

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 carer. Risk assessments with regard to transport, mobility, falls, medications and moving and handling, were present where relevant and each one had been signed as agreed, either by the service user or a representative. Each service user's file contained a clear Personal Emergency Evacuation Plan, to ensure that staff and service users understood how evacuation from the premises would be managed, should this be necessary.

Staff members were observed interacting calmly and sensitively with service users and being attentive to each person's needs throughout their time in the centre. Fire alarm systems checks were carried out and recorded on a weekly basis and fire exits were seen to be unobstructed. The daily register of service users and staff provides an accurate checklist for fire safety purposes. Observation of the delivery of care, throughout the period of the inspection, provided evidence that service users' needs were being met safely and carefully by the staff on duty. Five staff members returned completed questionnaires to RQIA following the inspection, with all five indicating that they were very satisfied with all aspects of the service addressed in the questions.

The Trust has an up to date procedure for the management of service users' lunch monies, which includes balance checks being carried out by a senior member of the care staff. During the inspection visit, ten service users spoke very positively of the quality of care provided at the centre and confirmed that they felt safe in the centre and in the transport bus. Staff presented as being well informed of the needs of service users and of methods of helping to meet these needs safely. Service users' rights and feelings, and the methods available to them of raising a concern or making a complaint were set out in the service user guide. The evidence presented supports the conclusion that safe care is provided consistently in Maghera Day Centre.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.4 Is care effective?

The centre's Statement of Purpose and the Service User's Guide provide the information required by regulations and minimum standards. Ten service users and two relatives provided information, verbally, in the course of the inspection. The feedback was positive with regard to the effectiveness of the care provided, although any break in the provision of the service, for example Easter week, was regarded by service users and their families as undesirable and complaints had been made by two service users regarding the recent closure for Easter 2017. Two relatives expressed their understanding of the need for closures for holidays and staff training.

Four service users' files were examined during this inspection and each was found to contain detailed referral and assessment information on the individual and on his or her functioning, along with a written agreement on the terms of the individual's attendance. Each file also contained a signed consent form for information to be accessed appropriately by other professionals. Care plans identified service users' needs with good attention to detail and set out the objectives for each person's care and the methods or actions required by day care staff and the service user, in order to meet these objectives. Discussion with several service users confirmed that a number of practical and social outcomes had been achieved. The focussed work and clear records of this are commendable.

Each of the files examined contained risk assessments appropriate to the individual service user, making the risk and vulnerability levels clear for staff involved in the work with that person. Written records were kept of each service user's involvement and progress at the centre. Entries were made in response to the significance of events and were in keeping with the frequency stipulated by the minimum standards. 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, where possible, these included the service user's views and were informed by the written progress records. Dates and signatures were present in all of the care records examined and attention to detail generally was of a good standard.

The layout of the premises is conducive to meeting the needs of the service users who attend, several of whom were observed moving from one area to another without staff assistance. There are several rooms available for group activities and for individual work with service users, when necessary. Where assistance was required, for example with feeding or going to the toilet, staff provided it discretely and skilfully. Service users confirmed that meals were always of a good standard and were suitable for each individual's needs. At morning tea, service users were asked their preference from the lunch menu. Ten service users spoke about their experiences of participating in the centre's activities and all presented positive views of the enjoyment and support that they gained from taking part and from each other's company. Several people emphasised their enjoyment of activities such as playing pool, boccia, gardening, bingo and armchair exercises. Four people spoke enthusiastically of their participation in pool competitions against other teams. On the afternoon of this inspection a group of service users was engaged in a STEPS session, to help build their physical stability and aid their mobility.

Evidence from discussions with service users, from written records and from observations of interactions between service users and staff, confirmed that service users viewed the centre as a very supportive place in which to spend their time. The manager and staff worked purposefully to involve service users in a variety of experiences, making full use of the available facilities.

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

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.5 Is care compassionate?

Observations of activities throughout the centre provided evidence of service users and staff relating positively to each other. There was also widespread evidence of supportive relationships between service users, with numerous examples throughout the day of concern and help being offered to one-another. Staff members presented as being committed to providing service users with a welcoming and enjoyable experience at the centre. In all of the interactions observed, service users were engaged by care staff with warmth, and encouragement. Staff demonstrated an understanding of each service user's assessed needs and individual care plan.

Service users confirmed that staff involve them in deciding what they want to do during their time in the day centre. Several people stated that it is important for them to have regular contact with others and to know there is a safe and happy place for them to spend time during the week. Observation of events throughout the day confirmed that service users were afforded choice and were seen to be encouraged by staff in fulfilling and enjoyable activities. Ten service users spoke with the inspector and all provided enthusiastic reports of the dedicated, caring staff and the benefit they felt from attending the centre. One person said, "The staff are just great and would do anything for you", while another said, "Everyone here is very good; I have no complaints". Four service users completed questionnaires for RQIA on the day of the inspection and unanimously indicated that they were "Very satisfied" with all four aspects of the service that formed the focus of this inspection: Is Care Safe?, Is Care Effective?, Is Care Compassionate?, Is the Service Well Led?

The systems in place to ensure that the views and opinions of service users were sought and taken into account included an annual satisfaction survey. In 2016, fifty people had completed questionnaires administered by the day centre and all respondents had confirmed their satisfaction with aspects of the service such as, Staffing, Communication, Activities and Core Values. The fourteen member service user committee meets bi-monthly and well-detailed minutes were available for inspection. The agendas were varied and indicated a good level of consultation of service users in decision making about the centre. During each monthly monitoring visit, the views of a sample of service users were sought and their comments were included in all of the monthly monitoring reports examined. The evidence presented at this inspection confirms that compassionate care is provided consistently in Maghera Day Centre.

#### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.6 Is the service well led?

Discussions with the Day Care Worker in charge and three other staff members, and an examination of a range of records, including minutes of staff meetings, staff training schedules, supervision records, monitoring reports and review reports, provided evidence that effective leadership and management arrangements are in place in Maghera Day Centre. There was evidence in the centre's quality survey report for 2016 to show that large numbers of service users and their carers viewed the service as very satisfactory. There were no adverse comments or ratings in the survey returns.

Staff training records confirmed that staff had received mandatory training and training specific to the needs of the service users in this setting. Discussion with staff and examination of minutes confirmed that staff meetings had been held quarterly and that the manager had provided detailed information to staff, consultation on a range of decision making aspects of the service and opportunities for staff members to contribute ideas for the centre’s continuing development. There was evidence from the minutes and from the analysis of staff questionnaires to confirm that working relationships within the staff team were supportive and positive. Staff commented that the manager’s leadership style was constructive and reflective and motivated team members to accept responsibility for their work and for the overall effectiveness of the centre.

Staff members viewed supervision as a useful part of their accountability feedback system and of their individual development. In the formal supervision structure, care assistants are supervised by day care workers, who are supervised by the manager. Staff reported that this system works well and confirmed that, normally, they meet with their supervisor at least quarterly. The close-knit nature of the team’s operations means that matters arising on a day to day, or minute by minute basis can be brought for discussion to a more senior staff member, if necessary, and staff confirmed that there was a good level of management availability and support in this regard.

Three monthly monitoring reports were examined and were found to address all of the matters required by regulation. Each report contained well-detailed feedback from discussions with three service users and one or two staff members. A sample of service user records was checked and an audit completed of the centre’s compliance with a selected minimum standard. Any resulting necessary improvements were clearly set out in an action plan. This structured and detailed approach to monthly monitoring aligns well with the centre’s commitment to the provision of a high quality service.

Overall, the evidence available at this inspection confirmed that Maghera Day Care Service is well led.

**Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**5.0 Quality improvement plan**

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



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