

Unannounced Care Inspection Report 30 August 2016



Maghera Day Centre

Type of Service: Day Care Setting
Address: 26 Coleraine Road, Maghera, BT40 6AH
Tel No: 02879643360
Inspector: Priscilla Clayton

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Maghera Day Centre took place on 30 August 2016 from 10.30 to 16.00 hours.

The inspection sought to assess progress with any issues raised during and since the previous 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?

There was good supporting evidence that the centre was providing safe care which included appropriate staffing; new staff induction; staff training; supervision and appraisal; infection prevention and control measures; risk management; and positive feedback from staff and service users.

One recommendation made in this domain related to an identified trip hazard at the entrance to the centre and one recommendation in regard to the provision of a replacement wash hand basin.

Is care effective?

There was good supporting evidence that the care provided was effective, with positive feedback from service users and staff, audits undertaken and actions taken to further improve the quality of the service provided. Needs assessments were complemented with risk assessments, care plans reflected interventions to meet assessed needs, measures to minimise identified risks and service user's choice and preferences.

One recommendation made in this domain related to ensuring service users names are not recorded within monthly monitoring reports without their consent. An alternative identification should be used.

Is care compassionate?

There were several examples of good practice in relation to the culture and ethos of the day care centre, listening to and valuing service users and taking account of the views of service users and their relatives. Several user friendly notices, minutes of meetings of service user meetings and health topics, as well as photographs of social events, were displayed.

No requirements or recommendations were made in this domain.

Is the service well led?

There were several examples of a well led service with systems and process in place for the day to day management of the centre. Staff gave positive feedback in respect of leadership and team work, with good support and encouragement provided by the manager and day care workers through effective communication, supervision, appraisal and the open door approach provided by the manager.

One recommendation made in this domain included review and revision of the adult safe guarding policy which was dated 2006. Review of all hard copies of policies and procedures should also be undertaken to ensure these are current and systematically reviewed every three years.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Hazel McCormack, day care worker, 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 estates inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent estates inspection on 23 August 2016.

2.0 Service details

Registered organisation/registered provider: Northern HSC Trust/Dr Anthony Baxter Stevens	Registered manager: John Holmes
Person in charge of the day care setting at the time of inspection: Hazel McCormack (day care worker)	Date manager registered: 20 April 2011
Categories of care: DCS-DE, DCS-LD, DCS-LD(E), DCS-MP, DCS-MP(E), DCS-PH, DCS-PH(E), DCS-SI, DCS-TI	Number of registered places: 50

3.0 Methods/processes

Prior to inspection following records were analysed:

- Accident Incident notifications
- QIP from last care inspection
- Correspondence.

During the inspection the inspector met with 10 service users individually and with others in small group format and three staff. No relatives/representatives or professional staff visited the centre during the inspection.

A total of 15 satisfaction questionnaires were provided for distribution to service users, relatives/representatives and staff for completion and return to RQIA. Six questionnaires were returned within the timescale.

An inspection of the internal and external environments was undertaken.

The following records were examined during the inspection:

- RQIA Certificate of registration
- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training records
- Three service user's care files
- Statement of purpose and service users guide
- Minutes of recent staff meetings
- Complaint records
- Audits
- Equipment maintenance records
- Accident/incident/notifiable events records(7)
- Annual summary evaluation report (2015)
- Minutes of recent service user'/representatives' meetings
- Monthly monitoring reports
- Fire safety risk assessment
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Policies and procedures.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 23 August 2016

The most recent inspection of the day care setting was an unannounced estates inspection. The completed QIP is to be returned to the estates inspector. This QIP will be validated by the estates inspector at the next estates inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 15 December 2015

No requirements or recommendations from the last inspection.

4.3 Is care safe?

The day care worker in charge of the centre confirmed that staffing levels were satisfactory and is subject to regular review to ensure the assessed needs of the service users were met.

The day care worker also confirmed that all newly appointed staff undertakes a period of induction. Induction programmes retained were completed, dated and signed by both parties.

Competency and capability assessments were in place for day care workers who would be in charge of the centre when the manager is not present.

Discussion with the day care worker confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Day Care Setting Care Homes Regulations (Northern Ireland) 2007 and that all new staff recruitment records were held off site at the Trust's Human Resources Department. The registered manager has responsibility to check directly with the Human Resources Department that all necessary checks have been completed prior to the staff member commencing service. Review of the NHSC Trust recruitment and selection policy and procedure confirmed compliance with current legislation and best practice.

Discussion with staff and a review of records confirmed that mandatory training, supervision (three monthly) and annual appraisal was provided. Records of mandatory training evidenced other training including finance management, falls prevention, complaints, dementia awareness and dysphasia.

Accident/incident records notified to RQIA and records retained in the centre were examined. These were observed to be recorded in line with minimum standards. One notification submitted to RQIA since the previous inspection had been managed satisfactorily.

Discussion with staff confirmed that they were aware of the new regional policy entitled Adult Safeguarding Prevention and Protection in Partnership and the NHSC Trust had adopted this policy. Staff demonstrated knowledge and understanding of adult safeguarding principles and were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. The day care worker and staff confirmed that any safeguarding issues arising

would be reported and managed in accordance with the NHSC Trust policy/procedure. Staff training records reflected staff training in safeguarding of vulnerable adults was held on 03 May 2016.

Records were being maintained in respect of money paid by service users for meals etc. All transactions were recorded with receipts issued and signatures recorded.

The day care worker and staff confirmed that there are no measures of restraint currently in use and that appropriate documented assessment, collaboration and review involving specialist multi-professional Trust personnel would be sought and records retained if restriction was to be used for the safety of the service user.

A review of the policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

Service user risk assessments were in place and based on assessed needs, for example: dysphasia, moving and handling, behavioural, nutrition and fall risk. Risk assessments viewed were noted to be updated on a regular basis or as changes occurred.

The day care worker confirmed that equipment and medical devices in use were being maintained and regularly serviced. Observation of mechanical hoists record evidenced dates of maintenance service.

Review of the infection prevention and control (IPC) policy and procedure confirmed that the policy was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC, which was in line with their roles and responsibilities. Inspection of the centre confirmed adequate supplies of liquid soap; alcohol hand gels; and disposable aprons wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures. Hand hygiene was a priority in the centre and efforts were applied to promoting good standards of hand hygiene among service users, staff and visitors. Notices displaying the seven steps of good hand hygiene were displayed in both written and pictorial formats.

Inspection of the internal and external environments were observed to be tidy, organised, safe, fresh smelling and suitable for and accessible to service users, staff and visitors. One toilet is currently out of use due to work required in the replacement of the wash hand basin. Staff reported that this had been referred to maintenance approximately six weeks ago. One recommendation was made in this regard as it was noted that service users had to wait on the availability of another toilet. A new security fence has been installed to the front of the building. One issue arising related to the elevated tree roots close to the entrance of the centre. One service user had raised this issue in a complaint (05 May 2016) as trip hazard due to the uneven surface. One recommendation was made in this regard. Fire doors were closed and fire exits free from obstruction. Records of training showed that fire safety was provided on 19 November 2015; 13 October 2015. Fire drill was held on 16 July 2015. The fire risk assessment was dated 16 May 2016. No recommendations were made.

Service users and staff who met with the inspector stated that the care provided was good. No issues or concerns were raised or indicated.

Areas for improvement

Two recommendations were made.

One recommendation was made in regard to an identified trip hazard at the entrance to the centre and one recommendation in regard to the provision of a replacement wash hand basin in one toilet.

4.4 Is care effective?

Discussion with the day care worker in charge established that staffing levels were satisfactory and staff responded appropriately to the identified assessed needs of service users.

A review of three care records confirmed that these were being maintained in line with legislation and standards. Staff confirmed that each service user had an individual care record file containing all the required documents. Care records examined contained an up to date assessment of needs, life history, risk assessments, associated person centred care plans and daily/regular statements of health and well-being of the service user. Care 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 service user.

There was recorded evidence that service users and/or their representatives were encouraged and enabled to be involved in the needs assessments, care planning and review process. Discussion with staff confirmed that a person centred approach underpinned practice, for example care records showed that service users were consulted with choice, views and preference reflected within their person centred care plans. Regular notes were recorded within five days of attendance or more frequently if required.

Review of care records confirmed that initial review of care was held following commencement of a service user's placement to ensure their needs were being met and that the placement was appropriate. Annual reviews are also undertaken with service users/representatives in attendance.

Care records were stored safely and securely in line with data protection.

There was evidence of good modes of communication and information sharing between service users, staff and other stakeholders. These included for example, service user meetings, care reviews, good user friendly information including how to complain and monthly monitoring visits made on behalf of the registered provider. Clear signage on how to navigate around the centre was in place.

An annual service user satisfaction survey was conducted during the period January 2016 to August 2016 with 80 questionnaires distributed and 50 completed and returned. Areas surveyed included core values, staffing, communication, infection control, activities and engagement with staff and management. A summary evaluation of the survey showed that 100% of respondents indicated their needs were met. No negative comments were made. A carers' evaluation survey of the service was also undertaken with 60 questionnaires distributed and thirty three completed and returned. Areas evaluated included general quality of the service, attitudes of staff and management, opening times, flexibility, choice, reviews, transport and complaints. Positive responses and comments were received from all who participated.

The action plan developed for 2016/17 included the following: more short outings and bus trips, additional tea parties, roofing of the pergola and development of life story work.

Service users who spoke with the inspector confirmed they were very satisfied with the care, activities provided and commended the manager and staff on their efforts to ensure everything was attended to in as far as possible. No issues or concerns were raised or indicated.

Monthly monitoring visits made on behalf of the registered provider were undertaken with the views of staff, service users and relatives sought. Reports were available, on request, to service users/representatives, trust staff and RQIA. Care records/care plans and accident/incidents are audited each month by the trust monitoring officer. One recommendation made related to ensuring service user names is not included in the reports unless consent is obtained and recorded. An alternative identification method is recommended.

Staff meetings were held on a three monthly basis, or earlier if required. Minutes of meetings were recorded, circulated, with a copy retained on file.

Areas for improvement

One recommendation made related to ensuring service users names are not recorded within monthly monitoring reports without their consent. An alternative identification should be used.

4.5 Is care compassionate?

The day care worker confirmed that there was a culture/ethos within the centre that supported the values of dignity and respect; independence; rights; equality and diversity; choice and consent of service users. This was reflected within care records and minutes of meeting held.

There were a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with staff and service users confirmed that service users' needs were being met.

Discussions with service users, who were able to respond, confirmed that consent was sought in relation to their care and treatment. Observation of staff practice and interactions with service users demonstrated that they were treated with dignity and respect. Staff confirmed their awareness of promoting service user rights, independence and dignity. Staff were also able to demonstrate how service users' confidentiality was protected. For example, any discussions held with service users regarding personal matters would be undertaken in private; care records are only shared with consent and to those who need to know.

Staff confirmed that service users were always listened to, valued and communicated with in an appropriate manner. Discussion with staff, service users, one representative and observation of practice confirmed that service users' needs were recognised and responded to in a prompt and courteous manner by staff.

Reference to the summary report on the outcome of the service users' satisfaction survey is reflected under section 4.4 of this report. The staff and service users who spoke with the inspector confirmed that the outcome of this survey was shared with staff and service users.

Areas for improvement

No areas were identified for improvement in this domain.

4.6 Is the service well led?

John Holmes is the registered manager of the centre since 31 December 2014. Hazel McCormack, day care worker was in charge of the centre on the day of inspection as the manager was on leave. Competency and capability assessments were in place for staff in charge of the centre when the manager is out of the centre. Discussion with the day care worker in charge of the centre identified that she had good understanding of her role and responsibilities under the Day Care Setting Regulations (Northern Ireland) 2007.

The centre's certificate of registration with RQIA was displayed in a prominent position.

There was a clear organisational structure within the centre and staff demonstrated awareness of their roles, responsibility and accountability. This information was outlined in the centre's statement of purpose and service user guide.

The day care worker confirmed that the centre operated in accordance with the regulatory framework and that the health and social care needs of service users were met in accordance with the centre's statement of purpose.

A wide range of policies and procedures were available to staff in hard copy format. One recommendation was made in regard to review and revision of the adult safe guarding policy which was dated 2006. Review of all hard copies should also be undertaken to ensure these are current and systematically reviewed every three years. The NHSC Trust has adopted the new DOH regional policy on safeguarding entitled "Adult Safeguarding Prevention and Protection in Partnership (July 2015).

Staff who spoke with the inspector demonstrated knowledge and understanding of safeguarding and whistle blowing policies and procedures in accordance with their roles and responsibilities.

Records of complaints received were in place. Complaints received since the previous inspection was discussed and records examined. Records showed that complaints had been investigated and the complainant fully satisfied. User friendly Information on how to complain was displayed on the notice board and contained within the service user guide.

The manager explained the audit arrangements in place to evaluate the quality of care provided within the centre. Reference to audits undertaken is referred to under section 4.4 of this report.

Accident/incidents were recorded satisfactorily and notified to RQIA as required. Audits of accidents/incidents are undertaken by the monthly monitoring officer. Risks identified within accidents records had been reviewed, noted within care plans and appropriately managed.

Areas for improvement

One recommendation made related to the review and revision of the adult safeguarding policy which was dated 2006. Systematic three yearly reviews of all hard copies of policies and procedures should be undertaken to ensure they are current and match corporate policies held electronically.

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Hazel McCormack, day care worker in charge of the centre, 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 Settings Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Day Care Setting Minimum Standards 2012. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to day.care@rqia.org.uk 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 E5</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2016</p>	<p>The registered provider should ensure that the identified trip hazard at the entrance gates to the centre is addressed.</p> <hr/> <p>Response by registered provider detailing the actions taken: Trip hazard identified at entrance gate has been reported to Estate services, the site has been surveyed and works will be put in place to make the surface safe and level.</p>
<p>Recommendation 2</p> <p>Ref: Standard E 22</p> <p>Stated: First time</p> <p>To be completed by: 31 September 2016</p>	<p>The registered provider should ensure that one toilet is not used until a replacement wash hand basin is installed.</p> <hr/> <p>Response by registered provider detailing the actions taken: Toilet in question has been taken out of use. Sign has been placed on door stating DO NOT USE OUT OF ORDER. Estate services were contacted on 01/09/2016 requesting urgent installation of wash hand basin</p>
<p>Recommendation 3</p> <p>Ref: Standard 8.6</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2016</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>Response by registered provider detailing the actions taken: Although verbal consent was always obtained, names will not be used in future without written permission</p>

<p>Recommendation 4</p> <p>Ref: Standard 18.5</p> <p>Stated: First time</p> <p>To be completed by:</p> <p>31 November 2016</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>Response by registered provider detailing the actions taken:</p> <p>New Adult safe guarding policy has been downloaded onto hard copy from trust policy library. Hard copy has been disseminated to all staff for reading and signing following which will be stored in centre policy filing cabinet. All policies were reviewed in February 2015. To ensure all policies are current a review is now taking place (September 2016) As policies are updated centre Manager downloads from Trust policy library, disseminates to all staff for reading and signature then filing in policy filing cabinet which is accessible to all centre staff.</p>
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