

Unannounced Care Inspection Report 28 November 2017



Bryansford Road

Type of Service: Day Care Setting
Address: 61 Bryansford Road, Newcastle, BT33 0LD
Tel No: 028 43723714
Inspector: Maire Marley

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 day care setting that provides care and day time activities for up to 20 service users with a learning disability. The day care setting is open Monday to Friday.

3.0 Service details

Organisation/Registered Provider: Autism Initiatives NI Responsible Individual(s): Mr Andrew Grainger	Registered Manager: Mrs Patricia McKeaveney
Person in charge at the time of inspection: Mrs Patricia McKeaveney	Date manager registered: 13 July 2017
Number of registered places: 20	

4.0 Inspection summary

An unannounced inspection took place on 28 November 2017 from 10.00 to 16.00 hrs.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the organisation of care files, staff training, activities and communication between service users and staff and the culture and ethos of the service.

Three areas requiring improvement were identified during this inspection in regards to the annual quality improvement report, infection control and progress records, a further area has been restated for the second time and refers to the training record for additional support staff training.

Service users said they loved coming to the centre and enjoyed meeting up with friends and staff.

The findings of this report will provide the day care setting 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	4

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Patricia McKeaveney 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.

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 centre.
- Written and verbal communication received since the previous care inspection and the previous care inspection report and quality improvement plan (QIP).

During the inspection the inspector met with 14 service users, three staff and the registered manager. A total of 10 questionnaires were provided for distribution to service users and relatives/representatives for completion and return to RQIA. The staff members employed in the service were directed to complete questionnaires electronically. No questionnaires were returned in time for inclusion in this report.

The following records were examined during the inspection:

- staff duty rota
- induction programme for new staff
- staff supervision and annual appraisal schedules
- staff training schedule/records
- four service user care files
- minutes of recent staff meetings
- complaints and compliments records
- accident/incident/notifiable events register
- minutes of service users' meetings
- monthly monitoring reports
- fire safety risk assessment
- fire drill records
- maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- a sample of policies and procedures
- RQIA registration certificate

Areas for improvement identified at the last care inspection were reviewed and with the exception of one area, compliance was recorded as met.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 18 October 2016

The most recent inspection of the day care setting was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 18 October 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 26 (1) Stated: First time	The registered provider must ensure all parts of the premises used for the purpose of day care are fit for purpose. (This refers specifically to the area known as Pumpkin Pastures).	Met
	Action taken as confirmed during the inspection: Following the last inspection the area known as Pumpkin Pastures was deregistered. This involved the removal of the poly tunnel and decreasing the number of service users attending to 20. All areas internally and externally reviewed on the day were found to be clean, well-organised and free from hazards.	
Area for improvement 2 Ref: Regulation 4 (1) (a) (b) (c) Schedule 1 Stated: First time	The registered provider must revise the statement of purpose and ensure it includes all the matters detailed in Schedule 1. The registered provider should consider the range of needs of service users, particularly those service users with complex needs, and identify the number of service users that can be safely accommodated.	Met
	Action taken as confirmed during the inspection: The statement of purpose was reviewed and found to be up to date and satisfactory. As	

	previously stated the organisation had decreased the number of service users to 20 per day and had also increased the number of staff.	
Area for improvement 3 Ref: Regulation 20 (1) (iv) Stated: First time	<p>The registered provider must undertake a review of the role and responsibility of members of staff who accompany service users to day care. Guidance should be provided for the registered manager and staff on their responsibilities and duties to be undertaken.</p>	Met
	<p>Action taken as confirmed during the inspection: The registered manager confirmed a review of the role and responsibility of members of staff who accompany service users to day care had been completed. All staff accompanying service users now have an induction into the centre and avail of group supervision within the day care setting.</p>	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 5.2 and 5.7 Stated: First time	<p>The registered provider should review :</p> <p>(a) the care plans of those service users who require the constant support/supervision of staff to ensure they detail the specific management or supervisory arrangements for each service user.</p> <p>(b) the care plan for a service user with sight loss is revised and includes directions for staff regarding the assistance and support the service user needs.</p> <p>(c) ensure risks relevant to the day care setting are clearly identified.</p>	Met
	<p>Action taken as confirmed during the inspection: The response in the returned quality improvement plan, review of three care plans and discussion with the registered manager and staff confirmed this area of improvement had been addressed.</p>	

<p>Area for improvement 2</p> <p>Ref: Standard 15.3</p> <p>Stated: First time</p>	<p>The registered provider should ensure a care review for those service users who require additional staff support/supervision arrangements is undertaken. This review should consider the support/ supervision required in the day care setting.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The response in the returned quality improvement plan and the review of two identified care records confirmed that service users circumstances had been reviewed by the multi-disciplinary team.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 21.4</p> <p>Stated: First time</p>	<p>The registered provider should ensure all staff receive training to support and assist service users with visual impairments.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The response in the returned quality improvement plan and a review of staff training records established that staff had received the requested training on 23 January 2017 and 12 October 2017.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 21.4 and 22.2</p> <p>Stated: First time</p>	<p>The registered provider should ensure all staff deployed to the day care setting are in receipt of the necessary training and appropriate supervision in the day care setting.</p>	<p style="text-align: center;">Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that a programme of induction and group supervision had been implemented for the identified staff, however there was no evidence to indicate that these staff were in receipt of the required training. Therefore this area of improvement was assessed as partially met and is carried forward to the next inspection.</p>		

Area for improvement 5 Ref: Standard 14.10 Stated: First time	The registered provider should ensure the complaint record provides detail of the action taken and if the person making the complaint was satisfied with the outcome of the action taken.	Met
	Action taken as confirmed during the inspection: The response in the returned quality improvement plan and a review of the record of complaint confirmed this area of improvement had been addressed.	
Area for improvement 6 Ref: Standard 17.4 Stated: First time	The registered provider should ensure that notifiable accidents are reported to RQIA. The identified accident report should be retrospectively submitted to RQIA.	Met
	Action taken as confirmed during the inspection: Accident records confirmed there were no notifiable events. The registered manager was knowledgeable in regard to those events/accidents that required to be reported.	

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.

Discussion with the registered manager, staff, service users and a review of the duty roster confirmed that sufficiently competent and experienced persons are working in the centre to meet the assessed needs of the service users. The registered manager had undertaken a review of the staffing numbers and an additional member of staff had been employed to meet the changing needs of the service users. This is identified as an area of good practice.

The duty roster detailed the day care staff working in the centre, the capacity in which they worked and who was in charge of the centre. It is recommended that a record is also maintained of the additional support staff deployed daily in the centre.

Records examined established that a competency and capability assessments had been completed for those staff left in charge of the centre in the absence of the registered manager. It was good to note that these assessments had been reviewed by the new registered manager.

Discussion with the registered manager and staff confirmed that there was a planned induction programme in place for all grades of staff within the centre appropriate to specific job roles. A review of a completed induction record confirmed that these were undertaken over a three month period and were signed by the staff member and the registered manager.

The registered manager confirmed that all personnel records relating to the employment process were retained by the organisation's human resources department. There was evidence that staff were recruited in accordance with the legislation and standards. A file pertaining to a student on placement confirmed that all checks required by regulation had been completed.

Discussion with staff confirmed that mandatory training and other professional development training was provided. A schedule for mandatory training was reviewed during the inspection and confirmed that staff had completed training in adult safeguarding and fire safety in 2017. It was evident from discussion with staff that they found training to be very helpful and supported them in the delivery of care that was safe, effective and compassionate. Residential care staff accompany service users to the setting to provide additional support, an area of improvement relating to the evidence required in regard to their training was made.

Staff demonstrated that they were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. Those staff spoken with confirmed they had no concerns regarding the practices of their colleagues; they were able to detail the relevant senior staff and safeguarding champion whom they could contact if they had any such concerns. All staff reported that the registered manager was very supportive and confirmed service users are encouraged to express their views, opinions and preferences.

A review of accident and incidents notifications, care records and complaints records confirmed that whilst there were no current safeguarding investigations within the day centre, any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation. The registered manager was fully aware of the need to maintain written records.

An inspection of the environment found it to be fresh smelling and appropriately heated with suitable lighting. Inspection of the internal and external environment identified that the day centre and surrounding grounds were kept tidy, safe, suitable for and accessible to service users, staff and visitors. There were no obvious hazards to the health and safety of service users, visitors or staff. The registered manager was commended for the improvement in the over-all organisation of the building. However there are areas of improvement required in regard to the general cleanliness of the building. It was noted that care staff are responsible for the general cleaning of the centre after work or prior to the service users arrival in the mornings, they are also responsible for preparing and serving the packed lunches service users bring to the centre, it is recommended that an infection control audit is completed and the outcomes of the audit submitted to RQIA.

The day centre had an up to date fire risk assessment in place dated 10 February 2017, the registered manager should ensure all recommendations contained in the assessment are appropriately addressed and the action taken recorded. A review of staff training records established that staff had completed fire safety training.

A fire drill had been completed on the 29 September 2017 and it was good to note that fire safety had been discussed at the members meetings. Records examined established that fire alarm systems were checked weekly. Fire safety records identified that fire exits, equipment and emergency lighting were checked monthly.

No completed service users questionnaires were returned to RQIA in time for inclusion in this report, during the inspection service users described their level of satisfaction with this aspect of care as very satisfied.

Comments made on the day were:

- “Excellent service.”
- “I am very safe, staff keep me safe”

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

Areas for improvement

Two areas of improvement were identified during this inspection and relates to maintaining a record of the names of the additional staff deployed in the centre and the completion of an infection control audit. The third area, stated for the second time refers to the record needed to evidence that additional support in receipt of the required training.

	Regulations	Standards
Total number of areas for improvement	0	3

6.5 Is care effective?

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

There was evidence that the day care setting was providing care in accordance with their statement of purpose and service users guide. These documents reflected the elements required by the regulations and standards.

Discussion with the registered manager established that she had reviewed the changing needs of the service users and as a result had secured an additional member of staff. This ensured that staff in the day care setting could respond appropriately to and meet the assessed needs of the service users.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included a service user agreement, up to date assessment of needs, risk assessments and associated care plans. An area of improvement was identified in regard to the daily progress records. It is recommended that the content of the daily progress records is reviewed to ensure these records are relevant to the day care setting.

Care records also reflected the multi-professional input into the service users' health and social care needs, it was good to note that annual care reviews had been held and involved the service users and their families. Staff demonstrated a sound knowledge of individual service user's needs and behaviours and confirmed that a person centred approach underpinned their practice.

Service users described the benefits of attending the centre and spoke about their different activities and who would help them participate, they confirmed they were happy that their choices and needs were being met in the day centre.

It was observed during this inspection that records were stored safely and securely in line with data protection. The registered manager was reviewing the monitoring and auditing arrangements to ensure they were effective and reported on the quality of care delivered to service users.

Arrangements were in place to support effective communication with service users, their representatives and other key stakeholders. These included pre-admission information, annual care reviews, members meetings, family focus meetings, and staff meetings. The registered manager, service users and staff confirmed that management operated an open door policy in regard to communication within the day care centre.

Staff stated that there was effective teamwork and if they had any concerns, they could raise these with the registered manager. Service users spoken with, observation of practice and review of care records evidenced that staff were able to communicate effectively with the service users, their representatives and other key stakeholders.

Discussion with the registered manager and review of records evidenced that member meetings are held monthly, minutes are maintained and include the names of service users and staff that attend, the outcome of the action from the previous month is included in the discussions. Family focus meetings are held quarterly and minutes are also maintained, the registered manager reported these meetings are very beneficial in the exchange of information with families.

It was good to note that the registered manager and staff team are working creatively to involve service users and their families in the day to day running of the centre, they are also establishing links in the community and on the day of inspection several service users were attending the local college.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, improvement in audits and care reviews, developing links in the community, communication between residents, staff and families.

Areas for improvement

One area for improvement was identified during the inspection and related to improving the daily progress records.

	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.

Discussion with the registered manager and observation of practice confirmed that staff in the day care setting promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of the service users.

Discussions with staff regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as promoting their strengths and providing choice.

On the day of the inspection a number of the service users were attending the local college to develop their life skills. The inspector met with 10 service users during the inspection, observed them participating in a cookery session, quiz and discussion and observed their lunch period. Service users were observed to be comfortable and at ease in their environment and interactions with staff were found to be positive. One service user explained how staff supported her in the walking group and enabled her to visit the library; other service users spoke of their enjoyment in cookery, armchair exercises, drumming, crafts and art work. Several service users were looking forward to their Christmas outing to the pantomime. The activities in place were noted as developing social and education opportunities for service users as well as their hobbies and interests.

The general discussions with service users along with observations of practice during this inspection established that they were enabled and supported to engage and participate in meaningful activities. Observations of service users taking part in activities showed participation was good.

Service users confirmed that their views and opinions were taken into account in all matters affecting them. They described how they were informed and involved regarding activity planning and opportunities outings through their members meetings, informal daily discussions with staff and their individual review meetings. They identified that attending the centre promoted their independence and enabled them to meet and maintain friends. Comments made during the inspection included;

- “Staff are brilliant I would go to Virginia if I had any something to ask or was worried”.
- “They put us first, I am safe because I know what to do if there is a fire staff showed us”.
- “Staff are excellent, so kind and always here to help”.
- “I love it here I meet all my friends”.

Those service users with no verbal communication were able through body language and gestures indicate their satisfaction with the service. Service users were able to say or indicate who they would go to if they had a concern or worry.

During periods of observation staff were observed assisting and encouraging service users in a compassionate way, promoting their involvement and independence. It was evident that staff were aware of each service user’s individual needs and were observed to respond appropriately. In discussions, staff presented as knowledgeable and informed regarding each service user’s needs.

During the inspection the inspector had the opportunity to speak with a relative who was very satisfied with all aspects of care provided within the setting, this relative described the service:

- “as the best you could find, staff are caring, respectful and professional, --- is so settled he loves coming here and misses it when it is closed”

There was evidence that services users and their families were consulted about the quality of care and the environment annually. The findings of this consultation were collated into a summary report which was made available for service users and their families.

The registered manager confirmed that work has commenced on the annual quality review report for 2017. A recommendation is made regarding this in section 6.7 of this report.

There were no returned questionnaires from service users or relatives in time for inclusion in this report.

Comments made by staff during the inspection were:

- “We work very well as a team, we understand our vision and have worked together for some time , communication between us is excellent”
- “The new manager is very supportive, she has made lots of improvement that has made our work easier, she listens to our concerns and acts on them”
- “Very satisfied with the care provided, service users always first”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users and their families.

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 certificate of registration issued by RQIA was displayed in a prominent position in the day care setting and reflected the information contained in the settings statement of purpose.

The registered manager has been in post since April 2017 and it was obvious she had implemented a range of improvements in the maintenance of records and the internal and external environment. The registered manager outlined the management and governance arrangements in place to meet the needs of the service users and spoke of further quality improvements she intended to make.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed, and it was noted that all information was well organised in a manner which was easily accessible by staff.

Staff consulted knew how to respond to issues such as an adult safeguarding concern. The organisation had the appropriate policies and procedures to protect vulnerable adults including whistleblowing policies and procedure in place, staff were found to be knowledgeable regarding these procedures.

The registered manager confirmed that staff could access line management to raise concerns and they will offer support to staff. Discussion with staff confirmed that there were good working relationships within the day centre and that management were responsive to suggestions and/or concerns raised.

It was established that systems are in place to monitor staff performance and ensure they received support and guidance. A review of supervision records confirmed that supervisions were completed for staff in accordance with the standards, staff appraisals had either been completed for 2017 or dates organised for these to take place. Staff confirmed that they had received supervision and appraisal as detailed.

There was evidence that staff meetings were held on a monthly basis and records were retained. The last meeting was held on 29 September 2017 and minutes were available. The records included the date of the meeting, names of those in attendance, a record of the discussion and any agreed actions.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from service users, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

The monthly monitoring visits as required under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007 were reviewed. All reports were up to date and satisfactory. The registered manager related she was collating information for the annual quality review report for 2017. It is recommended that this report is submitted to RQIA on completion.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

One area for improvement was identified in regards to the quality annual review report.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Patricia McKeavney, registered 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	
<p>Area for improvement 1</p> <p>Ref: Standard 7.4</p> <p>Stated: First time</p> <p>To be completed by: 28 January 2018</p>	<p>The registered person shall review the daily progress records to ensure they are relevant to the day care setting.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The registered manager is in the process of reviewing the daily progress record sheet to ensure that it is fit for purpose. The revised document will be in place for use within the centre by 28 January 2018.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 23.7</p> <p>Stated: First time</p> <p>To be completed by: Immediately and no later than 30 November 2017</p>	<p>The registered manager shall ensure:</p> <p>(a) a record is maintained of the names of the additional support staff deployed daily in the centre</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All additional support staff who attend the centre daily are now required to sign in and out of the centre in the staff signing in/out book.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 21.8</p> <p>Stated: Second time</p> <p>To be completed by: Immediately and no later than 30 November 2017</p>	<p>The registered manager shall ensure that evidence is maintained of the training additional support staff has received from the residential care home.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The registered manager is now monitoring the training records of additional support staff who attend the centre from Supported Living Services. This will be monitored on a monthly basis and a record of this will be maintained on an on going basis.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 27.3</p> <p>Stated: First time</p> <p>To be completed by: 30 January 2018</p>	<p>The registered person shall undertake an infection control audit and submit the outcome of the audit to RQIA.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The registered manager is in the process of completing an infection control audit and will submit this to RQIA by the 30 January 2018.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 17.11</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2018</p>	<p>The registered person shall submit to RQIA a copy of the annual quality review report.</p> <p>Ref: 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: The registered manager will submit a copy of the Annual Quality Review report to RQIA by 31 March 2018</p>
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Please ensure this document is completed in full and returned via Web Portal



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