

# Unannounced Care Inspection Report 23 May 2019



## New Way

**Type of Service: Day Care Service**  
**Address: Whiteabbey Hospital Site, Doagh Road, Newtownabbey,  
BT37 9RH**  
**Tel No: 028 9085 5833**  
**Inspector: Marie McCann**

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

New Way day centre is a day care setting with up to 30 places that provides care and day time activities to service users with a learning disability.

The centre is open for service users from Monday to Friday and is operated by the Northern Health and Social Care Trust (NHSCT).

### 3.0 Service details

|   |  |
|---|--|
| <b>Organisation/Registered Provider:</b><br>Northern Health and Social Care Trust<br><br><b>Responsible Individual:</b><br>Anthony Baxter Stevens | <b>Registered Manager:</b><br>Clare Rolston - Acting Manager |
| <b>Person in charge at the time of inspection:</b><br>Clare Rolston   | <b>Date manager registered:</b><br>Application not required  |
| <b>Number of registered places:</b><br>30   |  |

### 4.0 Inspection summary

An unannounced inspection took place on 23 May 2019 from 09.05 to 15.55.

This inspection was underpinned by the Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003, the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

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

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care settings, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. All day care settings should safeguard and promote service user choices and freedoms as they relate to the range of services being provided.

Evidence of good practice was found in relation to staff training, staff knowledge of adult safeguarding and risk management, care reviews and communication between service users and staff and other key stakeholder. Further areas of good practice were also noted in relation to the provision of compassionate care, governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in regard to assessment and care planning.

Service users' comments included:

- "I love it here; it's brilliant."
- "We have rep (representative) meetings and we are asked our opinions and what we want to happen in the day centre."
- "The place is amazing. We decide what we want to do, it's our choice."

- “This is a safe environment for me.”
- “I have a review planned and my mum will be coming.”
- “We have (care) plans that tell staff all about us.”
- “If you had any problems you could talk to staff and they would help you sort it out.”
- “Staff ask us where we would like to go for outings.”
- “We are spoilt for choice.”

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

#### 4.1 Inspection outcome

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 2         |

Details of the Quality Improvement Plan (QIP) were discussed with 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
- information and correspondence received by RQIA since the last inspection
- incident notifications which highlighted that no incidents had been reported to RQIA since the pre-registration care inspection on 2 July 2018
- announced pre-registration care inspection report 2 July 2018

During the inspection, the inspector met with the manager, three day care staff, the locality manager, a bus driver and a service user’s relative. Introductions were made to service users while walking around the setting with individual interaction with five service users.

Ten service user and/or relatives’ questionnaires were provided for distribution; seven service users/relatives’ questionnaires were returned to RQIA within the timeframe for inclusion in this report.

Of the seven questionnaires received following the inspection, six respondents indicated that they were either satisfied or very satisfied that the care being provided to service users was safe, effective, compassionate and well led. Questionnaire comments included:

- “I am very happy with my care at New Way.”
- “We are happier now that xxxx’s programme has greatly improved. We are also delighted with the new premises, which enhances their experiences in New Way.”

A returned questionnaire from a relative indicated that they were dissatisfied with care delivery, no additional comments were provided. All questionnaire responses were shared with the manager following the inspection for further consideration and action, as appropriate.

At the request of the inspector, the manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; one response was received. The respondent indicated that they were very satisfied that the care provided in the day centre was safe, effective, compassionate and well led. The staff commented: "I feel that the care provided is excellent and the service users are offered the opportunity to take part in a wide variety of activities."

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the day centre to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received.

An RQIA information leaflet 'How can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

A range of documents relating to the service were reviewed during the inspection and are referred to within the body of the report.

The inspector would like to thank the manager, service users, their relatives and staff for their support and co-operation throughout the inspection process.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the pre- registration care inspection dated 2 July 2018

There were no areas for improvement made as a result of the pre-registration care inspection.

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

The day centre had previously been a satellite unit of Drumross Day Centre, prior to registering as a distinct service with RQIA.

The inspector reviewed the day centre's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place.

The manager confirmed that staff employment records were held within the NHSCT human resources department and that all staff appointments were made in compliance with relevant legislative requirements and trust policy and procedures.

The manager described the system in place to ensure all staff are registered with the Northern Ireland Social Care Council (NISCC) and the ongoing registration of staff is monitored.

The manager advised that there were no newly recruited staff to the day centre and that the staff team had worked in the day centre for a number of years. The inspector reviewed the induction programme in place for new staff employed in the day centre. This evidenced a staged induction process which has regard to the NISCC induction standards.

Staff who were consulted with by the inspector confirmed that staffing levels met the assessed needs of the service users. Discussion with service users evidenced that they had no concerns regarding staffing levels. Observation of the delivery of care at the time of inspection evidenced that service users' needs were effectively met by the number of staff on duty.

The manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the day centre for any period of time in the absence of the manager. The inspector noted that a new competency and capability assessment had been developed and the manager was in the process of implementing these with staff.

The setting's training record demonstrated that there was an ongoing programme of mandatory training for staff, relevant to their roles and responsibilities, which will assure staff know how to keep service users safe. There was evidence that compliance with completing mandatory training was routinely monitored by the manager. Feedback from the manager highlighted that she is in the process of sourcing Infection Prevention and Control update training. In addition, the manager agreed to review the training opportunities for staff in regard to equality and diversity and human rights training. Staff feedback regarding the day care setting's training was positive with one staff commenting: "Training is good and if we identify need for any additional training, management will try to organise it."

The day centre's governance arrangements in place for identifying, managing and where possible, eliminating unnecessary risk to service users' health, welfare and safety was assessed during the inspection. This indicated that an effective incident/accident reporting policy and system was in place. Staff are required to record any incidents and accidents in a centralised electronic record, which is then reviewed and audited by the manager, locality manager and the NHSCT governance department. A review of these records and discussion with the manager evidenced that there had been four accidents since September 2018. The records showed service users safety needs had been identified, recorded and managed to ensure practice was safe and effective.

A walk around the setting evidenced that service users' needs and activity levels were varied in this setting. It was observed that the entrance door to the day centre can be opened from the inside by both staff and service users without restriction. A number of service users were noted to enjoy having the responsibility of undertaking duties at the reception desk, which included monitoring visitors to the day centre. Two service users have access to a room specifically for their use with the support of staff who provide continuous support. The manager advised that the need for this was assessed and agreed prior to the service users' commencement at the day centre. Discussion with the manager, staff and observations on the



day of inspection evidenced that the room was divided into a quiet space and an activity space to enable the service users to access a calmer area when needed. The service users were not restricted to the room and staff supported the service users to move freely around the setting as they chose and to attend outreach activities as per their activity plans.

Discussions with staff evidenced that they had knowledge about the human rights of service users and awareness of the potential impact of any restrictive practices. One staff member commented: "The service users who have one to one support of staff have choice cards to choose activities." Discussions with staff and the manager also evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users.

Observation of the care arrangements in this setting provided assurance that staff were promoting and encouraging service users to be involved and act independently when it was safe.

Discussion with the manager established that there had not been any suspected, alleged or actual incidents of abuse since the previous care inspection. The manager and staff further confirmed that there was an established pathway for staff to follow in regard to referring any safeguarding concerns to appropriate professionals. They were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records. The manager agreed to liaise with NHSCCT senior management to ensure that arrangements were in place in relation to the service's annual adult safeguarding position report.

Observations of the environment concluded that it was clean, tidy and spacious. Discussion with staff and observation of the environment confirmed that furniture, aids and appliances were fit for purpose. Infection prevention and control measures were in place, which included seven step hand hygiene notices positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins. No health and safety hazards were identified and fire exits were clear and free from obstruction.

A sample of records examined identified that a number of weekly and monthly fire safety precaution checks are undertaken. It was noted that the last full evacuation drill was undertaken on 19 April 2019. While a fire risk assessment was completed on 28 May 2018, no date was set for review of this fire risk assessment. The manager confirmed post inspection that a review of the fire risk assessment had been completed by the NSHCT fire officer following the inspection.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff training, staff knowledge of adult safeguarding and risk management.

### **Areas for improvement**

No areas for improvement were identified in this domain during the inspection.

|  | <b>Regulations</b> | <b>Standards</b> |
|--|--------------------|------------------|
| <b>Total number of areas for improvement</b> | 0                  | 0                |

## 6.4 Is care effective?

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

The inspector reviewed the day care setting's arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided was outlined in the Statement of Purpose.

Three service users' individual care records were inspected. It was noted that two files were maintained for each service user. One of these files consisted of a person centred planning file which included a personal profile of the service user in regards to information such as, what and who is important to them, things that they like to do and what makes them happy or sad. The second file was noted to contain referral information; service user agreements; transport assessments and positive behaviour support plans, as applicable and a care plan known as 'my new plan'. It was good to note that the 'my new plan' document was individualised and recorded service users' objectives and actions required to meet these objectives.

However, the inspector identified that the day care setting needed to review their arrangements for ensuring that each service user has an up to date assessment of his or her needs with regard to the services provided. An area for improvement was made in this regard.

In addition, service users' care plans should also be reviewed to ensure they provide comprehensive information regarding the care and support needs of each service user. This should be based on the day care assessment and any relevant multi-disciplinary assessments such as Speech and Language Therapy assessments/communication plans and behavioural support plans. The inspector advised that care plans should also reflect that consideration has been given to promoting service users' human rights. An area for improvement was made in this regard.

The inspector provided advice to the manager on how to ensure that there is proactive management of restrictive practices. Further advice was also provided with regard to staff evidencing this throughout the assessment, care planning, and review process including review with the multi-disciplinary team, the service user and/or their next of kin as appropriate. The manager agreed to liaise with the positive behaviour support team to assist with this.

Review of service users' care records evidenced that collaborative working arrangements were in place with service users' next of kin and the multi-disciplinary team. Staff highlighted the importance of ensuring liaisons were timely and effective which they believed contributed to the safety and wellbeing of service users in the day centre and in the community. Staff comments included:

- "We would make referrals all the time to other professionals if we noticed any changes."
- "We have really good communications systems, it's a small team, we work well together."

Service users' relatives commented:

- "Staff are fantastic; they keep me informed of how xxxx has been."
- "Staff know xxxx well and they observe her and recognise what her facial expressions mean."



Discussion with staff evidenced that they were knowledgeable regarding service users' individual needs. Staff also demonstrated awareness of the need for person centred interventions which facilitate engagement with service users and promote effective communication and social engagement. Observations of staff practice on the day of inspection evidenced that they were confident and effective in their communication with service users and adapted their communication methods as necessary, with individual service users depending on their assessed needs. Staff were observed to be vigilant in responding to nonverbal cues as well as verbal communications. The inspector observed interventions that were proactive and timely.

Service user care records were noted to be well organised and stored safely and securely in line with data protection requirements. It was positive to note that file audits of a number of care records had been undertaken.

### Areas of good practice

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

### Areas for improvement

Two areas for improvement were identified in regard to assessment and care planning.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 2         |

#### 6.5 Is care compassionate?

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Discussions with the manager and staff indicated that values such as choice, dignity and respect were embedded into the culture of the day care setting.

Discussion with staff revealed ways they had responded to service users' needs, which promoted choice, dignity and independence and demonstrated a culture of mutual respect. Observations of practice on the day of inspection provided examples of this. Staff knew the structure and routine that each service user preferred. The recognised the importance of discreet supervision and adapting activity plans to the needs and wishes of the service users.

Service users' relatives commented:

- "Xxxx loves coming to the day centre, you couldn't keep her away."
- "It's great to arrive and watch xxxx seem so happy in the day centre."
- "I couldn't complain at all. I have every confidence in the staff."

It was noted that interactions between service users and staff were relaxed and spontaneous. Discussions with staff also established that they were aware of their responsibilities and requirements to ensure service users' confidentiality and consent. They recognised that giving and obtaining consent is an ongoing process rather than a one off event. They described the

value they place on ensuring that service users are supported in an individualised manner in which their preferences and wishes are taken into account. Staff comments included:

- “Service users are supported to give their opinions and influence how things work.”
- “We are only here because of them (service users).”
- “There are always plenty of activities arranged but the service users are encouraged to tell us and they do, if they want to change an activity.”
- “Service users walk around the centre with confidence; it’s great. It is their day centre.”

It was positive to see the service users engaging in a self–advocacy class, which evidenced that service users were developing skills in regard to building their confidence and self–esteem.

Discussions with service users identified that they had a sense of ownership of the day centre and all commented positively about the benefits of the new environment. Service users took pride in describing to the inspector how the garden has improved since they moved into the new premises, with new floral arrangements planted, a new greenhouse and garden furniture painted in bright and cheerful colours. A service user also provided the inspector with a tour of the centre pointing out service users’ art work and photographs from outings which decorated the walls. Service users were also able to inform the inspector regarding the progress of the plans for a sensory room.

The inspector noted that there were arrangements in place for seeking feedback from service users and/or their relatives on the quality of care and support provided by the day care setting. The Service User Guide provides details of how service users can give feedback to the manager regarding the quality of care. It also includes the role of the Northern Ireland Public Services Ombudsman, the Patient and Client Council and RQIA. The inspector suggested that the Service User Guide should be updated to include the details of any additional advocacy services for the service users. The manager confirmed post inspection that this had been addressed.

Service users and staff described the informal arrangements in place that ensured service users were consulted and their views and opinions were sought on a daily basis. This included monthly service user meetings; it was good to note that easy read minutes of the meetings had recently been introduced. A review of the minutes for the meeting held in May 2019 evidenced service users being consulted and choosing items to be purchased for the day centre.

The manager advised that arrangements are in place to distribute service user/relatives and staff satisfaction surveys in June 2019. The manager further confirmed that the outcome of this consultation process will be reviewed and an action plan developed.

These arrangements demonstrated that service users are valued as individuals and listened to by staff, who then agree with them what should be considered important. This was verified by the service users spoken with during the inspection. Service users who engaged with the inspector spoke positively about the staff.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

## Areas for improvement

No areas for improvement were identified in this domain during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

### 6.6 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 inspector sought to assess the day centre's leadership, management and governance arrangements to meet the assessed needs of service users.

The day centre is managed on a day to day basis by the manager, who also manages another day centre. The manager described the arrangements in place to ensure adequate governance arrangements when she is not present in the day centre. This was confirmed by staff. One staff member commented: "We have really good management support; if they are not here, we speak to them on the phone every day to discuss how things are." Due to the day centre's registered manager being on secondment, an acting manager is currently in place.

The Statement of Purpose for the day care service was reviewed and updated in February 2019. The document clearly describes the nature and range of the service to be provided and addresses all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. Evidence gathered at this inspection indicates that the service is currently operating in keeping with its statement of Purpose.

The registration certificate was up to date and displayed appropriately.

Discussions with the manager and staff on the day of inspection described positive working relationships in which issues and concerns could be freely discussed; staff reported they were confident that they would be listened to. In addition, staff confirmed that they felt supported by management. Staff demonstrated that they had knowledge of their role, function and responsibilities and they had no concerns regarding the practice of any of their colleagues.

Discussions with the manager and staff confirmed that there were systems in place to monitor staff performance and ensure that staff received appropriate support and guidance. Staff spoken with during the inspection confirmed the availability of continuous update training alongside supervision and appraisal processes and an open door policy for discussions with the manager. Review of a sample of supervision and appraisal records verified that staff had regular individual supervision and an annual appraisal.

In addition, the inspector verified that staff meetings were typically held monthly. The inspector discussed the development of the NISCC website to include an adult social care learning zone which may be beneficial for promoting staff development and training opportunities for use within team meetings in the day centre. The manager advised that they would review this resource and share with the staff team.

Staff confirmed they had access to a range of policies and procedures which they used to guide and inform their practice. Staff spoken with also confirmed that the manager would advise them of any updates to the relevant policies and procedures.

The inspector discussed the monitoring arrangements in compliance with regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Monthly and annual quality monitoring reports were completed by the service and were available for inspection. These records demonstrated that at appropriate intervals the effectiveness and quality of care delivery was monitored, audited and reviewed in order to identify and act upon any improvements required.

A sample of monthly quality monitoring reports were reviewed for March 2019 to May 2019. The reports adhered to RQIA guidelines and evidenced engagement with service users and their representatives, with positive feedback recorded. Action plans were identified and carried forward and reviewed as part of each subsequent monthly monitoring visit. The inspector advised that a record of the service users and relatives consulted during such visits should be evidenced, with names anonymised in the reports through use of a unique identifier code, ensuring that information recorded is traceable.

A complaints and compliments record was maintained in the day centre. There had been no complaints recorded since the previous inspection. The manager confidently described effective management of complaints in line with the NHSCT's complaint procedure.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager confirmed that this was addressed with staff through their induction, training, supervision and appraisal process.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The manager confirmed that this data is used for the purpose of providing person centred care. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- advocacy
- equity of care and support
- individualised person centred care
- disability awareness

### **Areas of good practice**

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

### **Areas for improvement**

No areas for improvement were identified in this domain during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>1 August 2019</p> | <p>The registered person shall ensure service user assessments are updated, as necessary, signed and dated by the service user, the member of staff responsible for its review and the registered manager. Where the service user is unable or chooses not to sign any document, this should be recorded and the basis of his or her agreement to participate noted.</p> <p>This should include evidence of regular review with the relevant multi-disciplinary team in regard to any specialists' assessments which direct the implementation of restrictive practices.</p> <p>Ref: 6.3</p> |
|   | <p><b>Response by registered person detailing the actions taken:</b></p> <p>All service users documentation will be reviewed, updated and signed in line with standard 4.3. If the service user is unable to or chooses not to sign, the reasons for this will be recorded.</p> <p>An acknowledgement of restrictive practices will be detailed in the annual MDT review.</p>  |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 5.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>1 August 2019</p> | <p>The registered person shall ensure that person centred, holistic and comprehensive care plans are in place for all service users which appropriately reflect how their assessed needs, wishes and preferences should be managed by staff.</p> <p>Ref: 6.3</p>   |
|   | <p><b>Response by registered person detailing the actions taken:</b></p> <p>We have devised an easy read care plan template which will appropriately reflect how Service users assessed needs ,wishes and preferences should be supported by staff.</p>  |

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





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