

# Inspection Report

11 November 2021



## Fallswater Centre

Type of service: Day Care Setting  
Address: 31 Fallswater Drive, Belfast, BT12 6AX  
Telephone number: 028 9504 2840

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Belfast HSC Trust	<b>Registered Manager:</b> Ms Maria O'Hagan
<b>Responsible Individual:</b> Dr Catherine Jack	<b>Date registered:</b> 29 April 2019
<b>Person in charge at the time of inspection:</b> Ms Maria O'Hagan	
<b>Brief description of the accommodation/how the service operates:</b>	
Fallswater centre is a day care setting with 22 places that provides care and day time activities for people living with a learning disability. The Centre operates Monday to Friday.	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 11 November 2021 between 9.45am and 3.10pm by the care inspector.

This inspection focused on staff recruitment, staff registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring, Covid-19 practice and guidance.

Good practice was identified in relation to appropriate checks being undertaken before staff were supplied to the setting. Good practice was also found in relation to the system in place for disseminating Covid-19 related information to staff.

There were good governance and management oversight systems in place.

The environment was observed during the inspection and there was evidence of Infection Prevention and Control (IPC) measures in place such as Personal Protection Equipment (PPE) which was available for 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.

### 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

The inspection focused on:

- discussions with the service users and staff to find out their views on the service
- reviewing a range of relevant documents and policies and procedures relating to the day care setting's governance and management arrangements.

### 4.0 What people told us about the service

We spoke to service users and staff including the manager. We provided a number of questionnaires to service users and/or relatives to facilitate them to provide comments on the quality of service provision. Staff were also provided with an electronic survey. We observed a variety of activities and good communication between staff and service users. Service users present were observed involved in a range of activities including one to one work with staff.

#### Service users' comments

- "Staff are nice. I can speak to staff if I have any problems."
- "It's quiet which I like."
- "The staff are great and they help me."
- "They are all my friends in here."
- "Passes my day in."

#### Staff comments

- "I love it, it beats work. If you love your job, it doesn't feel like work."
- "As long as the service users enjoy their day and go home safe, that's all that matters."
- "We have been sent on dementia training as we have more service users with dementia."
- "The teamwork with the Social Workers is brilliant."
- "Our centre is small and unique. It's the best centre in the Trust."
- "We know our service users so well."
- "Due to Covid-19, we have had limited numbers so we can do more one to one work."
- "The manager was great and thought on their feet initially at the start of the pandemic."
- "We maintained relationships with our service users and their family when we were closed due to Covid-19."
- "Very relaxed environment."
- "Open door policy."
- "It's a really rewarding job."

We received four responses to the service user/relative questionnaires, two from service users' relatives and one from a service user. One respondent reported they were 'very unsatisfied' with all aspects of the care being provided, however no comments were included to support these responses and no contact details were provided so this could not be followed up. It is important to note that this response was not in line with the feedback obtained during the inspection. This was addressed with the manager who advised that no one has raised any concerns regarding the centre from their monitoring systems. The other respondents indicated they were 'very satisfied' that the care being provided is safe, effective, compassionate and the service is well-led. Comments included:

- "We keep in contact with the centre and are happy with the aspects of care."
- "Staff are very supportive and very good to me."

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Due to the coronavirus (COVID-19) pandemic, the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last care inspection of the setting was undertaken on 25 November 2019 by a care inspector and a Quality Improvement Plan was issued. This was approved by the care inspector and was validated during this inspection. An inspection was not undertaken in the 2020/2021 inspection year due to the impact of the first surge of Covid-19.

Areas for improvement from the last inspection on 25 November 2019		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 15.5  <b>Stated:</b> First time	The registered person shall ensure information contained in the person centred planning review reports are further developed and addresses all of the elements outlined in standard 15.5.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A sample of service users' care plans were reviewed and the elements in standard 15.5 were incorporated into these reports.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 7.2  <b>Stated:</b> First time	The registered person shall ensure arrangements are in place to enable service users to view their progress records currently recorded electronically on the PARIS system.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The manager confirmed that the service users are informed of the information being recorded electronically on the PARIS system and that they are included in every review to assess their progress. Evidence of this was provided on the day of inspection, therefore the setting was now compliant with this standard.</p>	
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## 5.2 Inspection findings

### 5.2.1 Are there systems in place for identifying and addressing risks?

The day care setting's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns.

It was noted that staff were required to complete adult safeguarding training during their induction programme and annual updates thereafter. All training records reviewed were in place and satisfactory. It was positive to note that all transport and catering staff had completed safeguarding training.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the settings policy and procedure with regard to whistleblowing.

The setting had a system for recording referrals made to the HSC Trusts adult safeguarding team in relation to adult safeguarding. Records viewed and discussions with the manager indicated that two adult safeguarding referrals had been made since the last inspection. All referrals were managed in accordance with the settings policy and procedures.

The day care setting had provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that four incidents had been reported to RQIA since the last inspection, two of which were safeguarding

referrals. The other incidents were Covid related and were acted upon as per policy and procedures.

It was positive to note that staff have completed appropriate DoLS training appropriate to their job roles. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. There were arrangements in place to ensure that service users who require high levels of supervision or monitoring and restriction have had their capacity considered and, where appropriate, assessed.

It was noted that where restrictive practices are in place, appropriate risk assessments had been completed in conjunction with the HSC Trust representatives.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and IPC practices. Staff were observed adhering to guidance and were knowledgeable during discussions.

### **5.2.2 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

The manager confirmed that the setting had received specific recommendations from the Speech and Language Therapist (SALT) in relation to service users' dysphagia needs to ensure the care received in the service was safe and effective. A number of assessments were reviewed and were satisfactory. It was noted that staff had completed relevant training.

A number of service users required supervision when eating and drinking due to having swallowing difficulties; some of whom required their food and drinks to be of a specific consistency. Staff spoken with demonstrated a good knowledge of service users' wishes, preferences and assessed needs; and how to modify food and fluids.

### **5.2.3 Are their robust systems in place for staff recruitment?**

The review of the day care setting's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards; required pre-employment checks were completed before staff members' commenced employment and direct engagement with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided were appropriately registered with NISCC. Information regarding registration details and renewal dates were monitored by the manager; this system was reviewed and found to be in compliance with regulations and standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

### 5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, relatives, staff, and HSCT staff. The reports included details of the review of service user care records, accident/incidents, safeguarding matters, complaints, staff training and staffing arrangements.

We noted some of the comments made by relatives and HSC Trust during regular monthly quality monitoring:

Relatives:

- "All the staff knows my relative well and if they ever need to talk with them, they are all very approachable."
- "Fallswater is my lifeline and I do not know what I would do without them. The staff are wonderful."

HSC Trust Staff:

- "Staff have always allocated space for my service user and made her feel very welcome."
- "Good communication between my team and the day care workers."
- "Great relationship with the staff team."
- "I am very happy with the service that is provided for my service user."
- "The staff team are very approachable."

It was positive to note that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that matters had been actioned.

There was a process for recording complaints in accordance with the day care setting's policy and procedures. It was noted that no complaints had been received since the last inspection.

It was established during discussions with the manager that the centre had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).

The annual provider report as required by Regulation 17 was available for review. The report was comprehensive and gave a positive overview of the day care setting.

It was positive to note that a number of care reviews had been completed in line with Covid restricted services and the day care setting must be commended for their actions.

## 6.0 Conclusion

Based on the inspection findings and discussions held with staff and a service user, RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led.

**7.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Maria O'Hagan, registered manager, as part of the inspection process and can be found in the main body of the report.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of Areas for Improvement</b>	0	0





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