

Unannounced Care Inspection Report 25 November 2019



Fallswater Centre

Type of Service: Day Care Service
Address: 31 Fallswater Drive, Belfast, BT12 6AX
Tel No: 02895 042840
Inspector: Maire Marley

www.rqia.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

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.

3.0 Service details

<p>Organisation/Registered Provider: Belfast HSC Trust</p>	<p>Registered Manager: Ms Maria O'Hagan</p>
<p>Responsible Individual(s): Mr Martin Joseph Dillon</p>	

Person in charge at the time of inspection: Assistant Manager	Date manager registered: 29 April 2019
Number of registered places: 22	

4.0 Inspection summary

An unannounced inspection took place on 25 November 2019 from 10.00 to 15.00 hours.

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.

RQIA, as a public-sector body have 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 services, 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 services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

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 care records, staff training, activities, communication with health professionals and families and the general environment.

Two areas for improvement were identified during the inspection and related to the development of information in the person planning review reports and reviewing progress records to ensure they are accessible for service users.

Service users said:

- "I love Fallswater."
- "I am safe here, I like the staff."
- "The staff help me."

Comments made by service users during the inspection were very positive and complimentary regarding the safety of the service, the staff and the management team. Their comments confirmed that staff treat them in a polite dignified manner.

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	2

Details of the Quality Improvement Plan (QIP) were discussed with the assistant 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.

4.2 Action/enforcement taken following the most recent care inspection dated 25 February 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 25 February 2019.

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
- unannounced care inspection report dated 25 February 2019

During the inspection the inspector was introduced and spoke informally to all service users, spoke to six service users privately in a group setting and spoke with three staff members.

Service Users' comments during the inspection:

- "We do lots of things here it's really good."
- "I like coming here to meet my friends."
- "Staff are really good you can talk to any of them if you need to."

Staff comments during inspection:

- "I would describe the care here as very safe."
- "The intention and approach of the management team is excellent, very forward thinking."
- "Effective care is only possible when you follow the PCP (Personal Care Plan); communicate with service users, families and the wider multi-disciplinary team."

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

Ten service user and/or representatives' questionnaires were provided for distribution. One questionnaire was returned and the responses were very positive. Comments are detailed in the service users' comments in the main body of the report.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 25 February 2019

The most recent inspection of the establishment 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 25 February 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 7.5 Stated: Second time	The registered person shall ensure that when no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case. Ref: 6.2	Met
	Action taken as confirmed during the inspection: The information in the returned Quality Improvement Plan, along with a review of a sample of progress records maintained electronically confirmed this area had been addressed.	

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.

On the day of the inspection, Fallswater centre was well maintained and in good decorative order, with no obvious hazards for service users or staff noted.

The manager was on unplanned leave and the assistant manager had assumed responsibility for the centre in her absence, the assistant manager was fully familiar with her role and responsibilities in regard to the daily management of the centre. It was good to note that up to date competency and capability assessments were in place for staff who assume responsibility for the centre in the absence of the manager. Assurance was provided that should the manager's unplanned leave be extended to 28 days the BHSCT would notify RQIA of the absence and the arrangements to cover the leave.

The assistant manager described the staffing arrangements which had been assessed as necessary to provide a safe service in the setting. Assurances were provided that sufficiently qualified, competent and experienced persons are working in the centre to meet the range of needs accommodated.

A sample of duty records examined contained details of the number of staff on duty; the hours worked and confirmed that staffing levels were maintained. The centre avails of bank staff and the assistant manager said they had developed a good relationship with the agency and the agency was very aware of the skills and knowledge their staff required. Generally the person supplied by the agency is in position for a period of time. The centre receives the proposed person's profile and relevant documentation and the manager will speak with the person prior to them taking up position. It was good to note that two agency staff had been successful in obtaining posts within the day centre.

Effective arrangements are in place to support staff and included structured induction, training, supervision and appraisals. Examination of an induction programme confirmed that new staff receive a structured induction to ensure they are familiar with service users' needs along with the setting's routines and procedures. Relevant policies and procedures are reviewed and staff are supported to complete the induction standards workbook set down by The Northern Ireland Social Care Council (NISCC).

A review of training records found that mandatory training for staff was up to date; in addition, staff had accessed other training and development courses relevant to the needs of service users.

Discussion with the assistant manager and staff confirmed there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to the appropriate professionals. Staff demonstrated their awareness of their safeguarding roles and responsibilities and confirmed that they would have the confidence to report any concerns in regard to a service user's well-being or a colleague's poor practice and were confident they would be supported by

management. Training records sampled confirmed that training was up to date and had been provided for staff in May 2019.

Regular health and safety checks were in place to ensure a safe environment was maintained. A fire risk assessment was in place and had been reviewed on 26 September 2019 with a further review planned for January 2020. Records showed that a fire evacuation had taken place on 26 September 2019; fire training records showed staff had availed of training on 20 March 2019 and 16 May 2019.

Arrangements had been implemented in regard to the recording and reporting of accidents and incidents. A review of the accident records from May 2019 to 25 November 2019 found there were no patterns or trends emerging. The last recorded accident had occurred on 12 November 2019 and was managed appropriately. There was no evidence of accidents or incidents that required notification to RQIA.

Discussion with the assistant manager and staff along with a review of records confirmed there were no current safeguarding investigations. Relevant training had been provided for the staff team in May 2019 and discussions with staff found they were fully familiar with recognising, responding and reporting any concerns regarding a service user's well-being. Staff expressed they would not tolerate a colleague's poor practice and would have no hesitation in reporting such an event.

A range of policies in keeping with Department of Health (DoH) Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998) were in place. Records showed that staff had completed Level 11 of the Mental Capacity Act training and were aware of the implications of this legislation for day care. The entrance door to the centre is secured to prevent unwanted access, all visitors require to be "buzzed in" the door can be released by anyone from the inside of the building.

Measures were in place to ensure service user care records and staff personnel records were stored securely in line with General Data Protection Regulation (GDPR). This meant people could be assured that their personal information remained confidential.

The assistant manager accompanied the inspector on a tour of the building and outlined the rooms available for service users. During the walk it was observed that the environment was warm, clean, fresh smelling and had suitable lighting and heating. The standard of hygiene observed throughout the centre was found to be very good and infection prevention measures were in place. The Trust had recently conducted an environmental hygiene inspection on the kitchen and awarded the centre the highest grading within the Trust facilities. The staff member is commended on the standard of hygiene maintained. It was noted all doors leading into areas accessed by service users were fitted with access control push pads and assisted the ease of movement throughout the centre for service users who can use the control pads with little or no assistance.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, supervision and appraisal, adult safeguarding, infection prevention and control and the cleanliness of the environment.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The Statement of Purpose and Service User Guide for Fallswater centre were reviewed and revealed that the documents had been reviewed in August 2019, the documents reflected the elements set out in the regulations and standards. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with the Statement of Purpose. It was good to note that both documents are presented in an easy read version.

Six care files were chosen, at random, for examination. There was evidence that comprehensive risk assessments and care plans were completed and included the views of service users and, when appropriate, their representatives. A range of assessments were carried out and were specific to each person's needs, for example moving and handling, falls risk, behaviour that may challenge and transport. The assessments provided information for staff that assisted them to minimise risks and to keep service users safe and included a detailed person centred care plan. Care records examined included the relevant information specified in the minimum standards were current and reviewed in a timely manner.

Records examined showed that two services users required information in a language familiar to them and it was good to note the centre had availed of interpreters and used translation apps to assist them with understanding the culture and needs of the service users. The inspector discussed additional measures that could be implemented that might further assist the service users, this included the use of signs, and information in a more user friendly format. The staff welcomed the guidance provided and agreed to undertake further research.

Particular attention was paid to the progress records as they had been an area of improvement identified in two previous inspections, the review found the records were maintained at least once for every five attendance or more frequently if required. The progress records are maintained electronically on the Trust's PARIS system, the inspector queried the suitability of these records in regard to the service user's access to them and how staff ensures these records are user friendly. This is an area identified for improvement.

Examination of a sample of annual care review reports (Individual Person Planning), demonstrated that an evaluation of the overall suitability of the placement had been discussed and agreed. A written record of the review (IPP) was contained in each service user's file. The reports examined on the day included the views of the service user however the information was limited and it was difficult to ascertain if the information was informed by the progress notes. This is an area identified for improvement. Records examined were signed and dated and there was evidence that a regular audit of the documentation was undertaken.

There was evidence that the advice and input of other professionals had been requested when necessary and that staff worked closely with these professionals to deliver care that was effective and person centred.

During discussions with staff it was evident the care they provided to service users within the setting was effective. Staff were knowledgeable regarding service users' needs and care plans; they described how intervention with each service user was person centred depending on their individual needs.

The interactions observed between staff and service users throughout the inspection confirmed that staff were suitably skilled and effective in communicating with all service users. There was good evidence of person centred interventions that assured service users were involved and communication opportunities maximised.

Discussion with staff and service users with regards to the provision of effective care included the following comments:

Service Users' comments:

- "Great place, staff are good."
- "I love coming here."
- "Fallswater is the best."
- "It is an excellent centre, I am satisfied in all respects." (comment in returned questionnaire)

Staff comments:

- "The person centred plan and review, along with helping service users to decide who they want to attend assists with the effectiveness of care."
- "Our training, supervision and good communication lead to effective care."

Throughout the inspection service users and staff expressed positive views on the quality of service provided.

Areas of good practice

There were examples of good practice found in relation to care records, and the audits of records, communication between service users, staff and other key stakeholders.

Areas of Improvement

Two areas for improvement were identified during the inspection of this domain and related to the development of information in the person planning review reports and reviewing progress records to ensure they accessible for service users.

	Regulations	Standards
Total number of areas for improvement	0	2

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.

This inspection sought to assess the day care setting's ability to treat service users with dignity, equality and respect, and how they involve service users in decisions affecting their care and support.

Observations of staff interactions with service users were observed to be compassionate, caring and timely. Staff spoken with reflected the ethos of the day care setting which promotes respect, openness, honesty, good quality care, individual attainable goals and social interactions.

Throughout the inspection staff were observed to stimulate and encourage service users to participate in a range of therapeutic activities that promoted positive outcomes for their health and well-being and encouraged meaningful social engagement. On the day of the inspection activities were facilitated by staff and the inspector noted service users approached staff freely, communicating their needs and making requests. Staff responses were noted to be cheerful and appropriate. Staff who engaged with the inspector spoke positively about the service and the ongoing benefits of the service to both service users and their representatives.

The lunch period was observed, due to the numbers lunch is served in the dining room and an adjoining activity room, it was observed that a service user set out cutlery wrapped in a napkin at each setting, there were no condiments on the tables and service users would have to request cold or warm drinks as these were kept in the kitchen area. Staff were noted to be very attentive to service users' needs and provided assistance discreetly as and when required. The meals were served in suitable portion sizes and when required were presented in a consistency that met individual service user's needs. It was noted that no-one was asked if they wanted any extra portions and the food was cleared away very quickly. In discussion with the assistant manager she outlined reasons for the processes and identified risks relevant to some service users however meals should be an enjoyable social occasion for everyone. The assistant manager was open to advice and agreed to review the current arrangements with the staff team and service users.

Staff described the informal arrangements in place that ensured service users were consulted on a daily basis and their views and opinions sought. This included daily ongoing discussions with service users and checking before the commencement of each activity that people were willing to participate. More formal arrangements to promote effective communication with service users and/or their representatives were facilitated through annual care reviews and service user meetings. A sample of the minutes of service meetings found evidence of service user involvement in the decision making process.

It was good to note that the views of service users are sought and recorded during the monthly monitoring visits, annual satisfaction surveys are also distributed to service users and their families and the outcomes of these surveys are included in the Annual Quality Report. Management and staff are commended on the easy read format of the monthly monitoring visit that are displayed on notice boards throughout the centre.

Service Users’ comments:

- “Staff are great.”
- “I like boccia, that’s why I like it here.”
- “Dinners are good.”

Staff comments:

- “Service users are always given choices in what they want to do.”

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 representatives.

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 inspection was facilitated by the assistant manager who demonstrated a good understanding of The Day Care Setting Regulations, minimum standards and the systems and processes in place for the daily management of the setting. As previously stated in 6.2 the manager was on unplanned leave, the assistant manager confirmed there is effective access to support from senior management as and when required.

A review of the Statement of Purpose found it had been updated by the provider in 2019. The document clearly describes the nature and range of the service to be provided and addresses all of the matters required by regulation. As previously stated it was good to note that both documents are produced in a user friendly format for service users. Observation throughout the inspection found that the centre was delivering care in accordance with the statement of purpose.

Inspection of the premises confirmed that the certificate of registration was up to date and displayed within a prominent position.

Discussion with staff confirmed they were aware of their roles, responsibilities and accountability under the day care legislation. There are systems in place to monitor staff performance and ensure staff are provided with support and guidance. This included the availability of continuous refresher training, supervision and appraisals processes, team meetings and an

open door policy to the management team. Appropriate records were maintained and were noted to be current and up to date.

Staff gave positive feedback in respect of leadership and good team working. Staff stated that this is achieved through effective communication, supervision, staff meetings and the open door approach provided by the management team.

A complaints and compliments record was maintained in the day centre. A review of this record showed there had been no concerns raised since the last inspection. Discussion with service users confirmed they would speak to the person in charge or any member of staff if they had a concern or were dissatisfied with their day care experience.

The inspector discussed the monitoring arrangements in compliance with regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A senior manager completes the monthly visits and the reports of August, September and October 2019, were inspected and found to be satisfactory. Management are commended on the easy read format that is displayed on notice boards throughout the centre.

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. The monitoring arrangements identified improvements carried forward and progress was reviewed as part of each subsequent monthly monitoring visit.

During the inspection the setting's leadership, management and governance arrangements were assessed and found to be in line with the regulatory framework.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, staff training and support and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 the assistant 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 15.5</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2020</p>	<p>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.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>In response to this area of improvement the Registered Manager will ensure that information contained in the person centred planning review reports are further developed and address all the elements outlined in standard 15.5.</p> <p>The Manager has developed a new easy read format for the recording of the minutes of person centred care plan meetings which address all 4 points in standard 15.5</p>
<p>Area for improvement 2</p> <p>Ref: Standard 7.2</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2020</p>	<p>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.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>In response to this area of improvement staff continue to record individual Service User care information on Paris, the computer system which is required to be used by The Belfast Health and Social Care Trust, which has defined protocols for the recording of information. Paris is a single continuous record to which all disciplines can contribute. Staff complete assessments, support plans and person centred care plans with the service users on a continuous basis explaining care delivered with the use of easy read documentation to explain, if and when required.</p>

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



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