

# Inspection Report

5 October 2021



## Whiterock Day Centre

Type of service: Day Care Setting  
Address: 6 Whiterock Grove, Belfast, BT12 7RQ  
Telephone number: 028 9615 2803

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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> Mrs Suzanne Wilson
<b>Responsible Individual:</b> Dr Catherine Jack	<b>Date registered:</b> 27 June 2019
<b>Person in charge at the time of inspection:</b> Acting Deputy Manager	
<b>Brief description of the accommodation/how the service operates:</b>  Whiterock Day Centre is a day care setting which provides care and day time activities for up to 25 adults living with mental health needs. The day care setting is open on Tuesdays and Thursdays and is operated by the Belfast Health and Social Care Trust (BHSCT).	

## 2.0 Inspection summary

An unannounced inspection took place on 5 October 2021, between 10.45am and 1.40pm by the care inspector.

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

Good practice was identified in relation to staff training and the monitoring of care staffs' registrations with NISCC and NMC. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

One area for improvement was identified in relation to service users' dysphagia needs.

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.

### 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.

Prior to inspection we reviewed the information held by RQIA about this day care setting. This included the previous inspection report and Quality Improvement Plan (QIP) and any written and verbal communication received since the previous care inspection.

The inspection focused on reviewing a range of relevant documents, policies and procedures relating to the day care setting's governance and management arrangements. This included checking how staffs' registrations with NISCC and NMC were monitored.

We discussed any complaints and incidents during the inspection with the person in charge and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of services in the day care setting. This included service user/relative questionnaires and a staff poster. No service users/relative or staff responses were received within the timescale requested.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

### 4.0 What people told us about the service

The information provided by service users during the inspection indicated that there were no concerns in relation to the day care setting. All confirmed that they were very satisfied with the standard of care and support provided. The inspector spoke with three service users and one staff member as well as the acting deputy manager.

#### Service users' comments

- "I like the centre."
- "We play different types of games."
- "It gets me out of the house."
- "The food is alright. We get a variety of food and desserts."
- "The staff are very good. They are very supportive."
- "The best thing about coming here is meeting people."

**Staffs' comments**

- “All mandatory training is in place. The manager is very open for us to engage in other training sessions.”
- “It is a friendly environment.”
- “We get supervision every 4 weeks and I find it beneficial.”
- “The members are lovely.”
- “During lockdown we did outreach work with our service users. We spoke to them by telephone and sent out activity packs.”
- “I have completed the DoLS training and have had basic training in relation to dysphagia.”

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

The last inspection of the day care setting was undertaken on 28 May 2019 by a care inspector. A Quality Improvement Plan was issued. This was approved by the care inspector and will be validated during the inspection.

<b>Areas for improvement from the last inspection on 28 May 2019</b>		
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 12.1  <b>Stated:</b> First time	The registered person shall ensure that a transport assessment has been undertaken as appropriate with individual service users and takes into consideration factors as outlined in standard 12.1.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We reviewed three transport assessments for service users which incorporated guidance relating to Covid-19. Transport assessments had been completed for every service user and are part of the referral process for newly referred service users.	

## **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 outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

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

It was confirmed that care staff were required to complete adult safeguarding training during their induction programme and regular updates thereafter.

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 day care setting's policy and procedure with regard to whistleblowing.

The day care setting had a system for retaining a record of referrals made to the relevant Health and Social Care Trust in relation to adult safeguarding matters. Records viewed and discussions with the person in charge indicated that no referrals had been made with regard to adult safeguarding since the last inspection. Adult safeguarding matters were reviewed as part of the quality monitoring process.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided. 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.

Service users and staff advised that there was enough staff to ensure the safety of the people who used the service.

Observation of and discussion with staff evidenced that they were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, discussions with staff and the person in charge 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.

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 one incident had been reported since the last inspection.

Staff were provided with training appropriate to the requirements of their role. This included DoLS training. Staff had 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. The person in charge confirmed that no restrictive practices were used in the day centre.

The environment was observed during a tour of the day care setting and there was evidence of infection prevention and control (IPC) measures in place such as Personal Protective Equipment (PPE) which was available for staff. Other IPC 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. Wall mounted hand sanitisers were strategically located throughout the day care setting. There were numerous laminated posters displayed throughout the day care setting to remind staff of good hand washing procedures and the correct method for donning (putting on) and doffing (taking off) PPE.

Discussion with the person in charge and staff identified that they had a good understanding of the procedure to follow in the event of service users or staff being diagnosed with Covid-19. We discussed the provision of mandatory training specific to IPC measures with staff. Staff confirmed that they had undertaken IPC training and that the training provided them with the necessary skills and knowledge to care for and support service users. A review of staff training records confirmed that staff had received training in IPC and Covid-19 awareness including the donning and doffing of PPE.

Staff described how they wore PPE for activities that brought them within two metres of service users. The staff members spoken with reported that there was an appropriate supply of PPE and sufficient bins available to allow the safe disposal of PPE.

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

### **5.2.2 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, before staff members commence employment and engage with service users. Records viewed evidenced that criminal record checks had been completed for staff. Recruitment is undertaken by the agency's Human Resources (HR) Department within the BHSCT.

A review of records confirmed all staff working in the day care setting were registered with NISCC and NMC. Information regarding registration details and renewal dates was monitored by the manager; this system was reviewed and found to be in compliance with regulations and minimum standards. The person in charge confirmed that all staff were aware that they were not permitted to work if their professional registration was to lapse.

Discussion with staff confirmed that they were registered with NISCC and NMC. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.



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

It was noted that one service user had been assessed by SALT in relation to dysphagia needs and specific recommendations were made with regard to their individual needs in respect of food and fluids. It was also noted, however, that a copy of the SALT assessment was not made available for staff and a range of documents contained on the central electronic system had to be viewed before this information was found. The person in charge was advised that all documentation relating to SALT assessments had to be easily accessible for staff and contained within the service user's care records. An area for improvement was identified in this regard.

Staff spoken with demonstrated a good knowledge of service users' wishes, preferences and assessed needs and how to modify food and fluids. It was positive to note all staff, including the catering staff, had undertaken dysphagia awareness training.

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

The day care setting was non-operational between March 2020 and 1 September 2021 due to the Covid-19 pandemic therefore no monitoring arrangements had taken place during this time. Prior to this period, there were monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Quality monitoring visits were undertaken by a monitoring officer. A sample of the previous reports viewed provided evidence that the monitoring process included engagement with service users, service users' representatives and staff, also that the conduct of the day care setting was examined and that action plans for improvement were developed, if necessary.

There was a process for recording complaints in accordance with the day care setting's policy and procedures. The person in charge confirmed that no complaints were received since the date of the last inspection, however staff had supported a service user to make a complaint to an external service.

Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the manager or the person in charge was made aware of any complaints.

Discussions with the person in charge and staff 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.

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

## **6.0 Conclusion**

One area for improvement was identified during this inspection in relation to SALT assessments for service users. Despite this, based on the inspection findings and discussions held with the person in charge, staff and service users, 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 by the manager.

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

## 7.0 Quality Improvement Plan/Areas for Improvement

One area for improvement was identified where action is required to ensure compliance with the Day Care Settings Minimum Standards, 2012.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	1

The area for improvement and details of the Quality Improvement Plan were discussed with the person in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Day Care Settings Minimum Standards, 2012	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 19.1  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from the date of inspection and ongoing	<p>The day care provider has a written policy and written procedures for the management of records that detail the arrangements for the creation, use, retention, storage and disposal of, and access to, those records.</p> <p>This relates to SALT assessment relating to service users being available and accessible for all staff within the day care setting.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            Whiterock Day Centre adheres to Trust policy regarding the management of records. With regards the SALT assessment, the Day Centre has amended their referral documentation to include SALT assessment/needs/requirements under the Physical Health Needs heading. Referring agents will be advised that referrals will not be accepted if this is not fully completed and of the need to update the Day Centre where there is a change in assessment. Information in relation to SALT needs will be available to all staff on PARIS and will be discussed at the morning safety brief/huddle.</p>

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





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