

# Inspection Report

31 August 2023



## Enler Day Centre

Type of service: Day Care Setting  
Address: 9 The Enler Complex, Craigleith Drive, Dundonald, BT16 2QG  
Telephone number: 02895042790

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

---

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

|  |  |
|--|--|
| <b>Organisation/Registered Provider:</b><br>Belfast HSC Trust (BHSCT)  | <b>Registered Manager:</b><br>Carrie McAllister  |
| <b>Responsible Individual:</b><br>Dr Catherine Jack  | <b>Date registered:</b><br>Awaiting registration |
| <b>Person in charge at the time of inspection:</b><br>Carrie McAllister  |  |
| <b>Brief description of the accommodation/how the service operates:</b><br><br>This is a Day Care Setting that provides care and support. A programme of day care and day time activities is delivered Monday to Friday for adults who are aged 65 years and over and who may have a diagnosis of dementia and / or a mental health diagnosis / physical disability. |  |

## 2.0 Inspection summary

An unannounced inspection was undertaken on 31 August 2023 between 9.00 a.m. and 2.00 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The inspection also considered: reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices, dysphagia management, and compliance with general IPC guidance.

Two new areas for improvement were identified in relation to care records and staff inductions.

Enler Day Centre uses the term 'clients' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant Regulations.

## 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.

In preparation for this inspection, a range of information about the service was reviewed. This included registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

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 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 settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

#### **4.0 What did people tell us about the service?**

During the inspection we spoke with a number of service users, relatives and staff members.

The information provided indicated that they had no concerns in relation to the day care setting.

Comments received included:

##### **Service users' comments:**

- "A1 Double Plus-I've never met nicer people."
- "Lovely set of people, nothing too much trouble."
- "Staff are professional."

##### **Service users' relatives'/representatives' comments:**

- "It's just excellent."
- "My son goes twice a week, loves the company."

##### **Staff comments:**

- "I love working here."
- "I just started in April, colleagues and service users lovely to me."
- "I'm very happy here, a great team."

## HSC Trust representatives' comments

- "I really enjoy it here and the service users are really keen on my project"

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments from relatives on behalf of service users included:

- "I really enjoy the companionship of the day centre."
- "I am delighted with all aspects of the care I receive in the day centre."
- "Staff are excellent."

A number of and visiting professional responded to the electronic survey. The respondents indicated that they were 'very satisfied' or 'satisfied' that care provided was safe, effective and compassionate and that the service was well led. Written comments included:

- "Service users all say they love it there, no issues or concerns reported back. Staff always update on service users if they have any concerns or issues."

### 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 care inspection of the day care setting was undertaken on 17 November 2022 by a care inspector. No areas for improvement were identified.

### 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 manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during their induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse and the process for reporting concerns during and outside normal business hours. They could also describe their role in relation to reporting poor practice and possessed a good understanding of the day care setting's policy and procedure with regard to whistleblowing.

The day care setting retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The day care setting had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the Regulations. Incidents had been managed appropriately.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the day care setting's mandatory training programme. A review of records confirmed that where the day care setting was unable to provide training in the use of specialised equipment, this was identified by the day care setting before care delivery commenced and training was requested from and provided by the HSC Trust.

A review of care records identified that one of the service users who required use of a hoist did not have an up to date risk assessment and their care plan did not reflect this change in assessed need. This was identified as an area for improvement.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning Trust's requirements.

The manager advised that no service users required their medicines to be administered with a syringe. The manager was aware that should this be required; a competency assessment would be undertaken before staff undertake such a task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager/person in charge reported that none of the service users were subject to DoLS.

### **5.2.2 What are the arrangements for promoting service user involvement?**

Discussion with service users and review of their care records evidenced that they had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require.

Care and support plans were kept under regular review and services users and /or their relatives participated, where appropriate, in the review of the care provided on an annual basis, or when changes occurred.

It was also positive to note that the day care setting had service users' meetings on a regular basis which enabled the service users to discuss what they wanted from attending the day centre and any activities they would like to become involved in. Some matters discussed included:

- completion of the Arts Care project
- outings

Some service users' comments included:

- "They always listen to what I want."
- "I have done activities I never thought I could."

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

Some service users required their food and fluids to be of a specific consistency and a review of records confirmed that SALT recommendations were in place, as needed. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents. Review of one identified service user's care plan indicated that recent changes to their SALT recommendations had been managed appropriately.

Discussions with staff and review of service users' care records reflected that multi-disciplinary input and collaborative working had been undertaken to ensure service users' health and social care needs were met within the day care setting. There was evidence that staff made referrals to the multi-disciplinary team and that these interventions were proactive, timely and appropriate.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

### **5.2.4 What systems are in place for staff recruitment and are they robust?**

A review of the day care setting's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC), The Nursing and Midwifery Council (NMC) or any other relevant regulatory body. There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

### **5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?**

Review of staff files indicated that not all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the day care setting's policies and procedures. There was no evidence of a robust, structured, three-day induction programme which also includes shadowing of a more experienced staff member. An area for improvement was made.

Records were maintained for each member of staff in regard to their training, induction and professional development activities undertaken; this included staff that were supplied by agencies.

The records included the names and signatures of those attending the training event, the date(s) of the training, the name and qualification of the trainer or the training agency and the content of the training programme.

The manager is in the process of updating the training matrix and will forward this to the inspector for review within 2 weeks.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. The manager/person in charge was advised to discuss the post registration training requirement with staff to ensure that all staff are compliant with the requirements. Staff said that they were aware of need to maintain NISCC registration.

### **5.2.6 What are the arrangements to ensure robust managerial oversight and governance?**

There were monthly monitoring arrangements in place in compliance with Regulation. A review of the reports of the day care setting's monthly quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The day care setting's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the day care setting's monthly quality monitoring process.

There was a system in place for managing instances where a service user did not attend the day centre as planned. This included a system for service users to sign in and out of the service as needed.

## 6.0 Quality Improvement Plan/Areas for Improvement

Findings of the inspection were discussed with Carrie McAllister, Manager and Briega Connery, Area Manager, as part of the inspection process and can be found in the main body of the report.

Areas for improvement have been identified where action is required to ensure compliance with The Day Care Settings Minimum Standards, (revised), 2021.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of Areas for Improvement</b> | 0           | 2         |

The Areas for improvement and details of the QIP were discussed with Carrie McAllister, Manager and Briega Connery, Area Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

| <b>Quality Improvement Plan</b>   |  |
|---|--|
| <b>Action required to ensure compliance with The Day Care Setting Standards (Northern Ireland) 2011</b>   |  |
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard (4)</p> <p><b>Stated:</b> First Time</p> <p><b>To be completed by:</b><br/>With immediate effect</p> | <p>The Registered Person shall ensure that care plans and risk assessments contain accurate and up to date information at all times in regard to service users' manual handling needs.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b><br/>All service users attending Enler Day Centre have a Manual Handling Care Pathway. Since the RQIA inspection, all service users with manual handling needs have had their care plans and manual handling risk assessments reviewed and updated to reflect their current needs. Support plans and manual handling risk assessments are kept under continual review by the named keyworker, amended as changes occur and kept up to date to accurately reflect the needs of the service user. All service users manual handling needs are discussed at the daily safety huddle.</p> |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 21 (1)</p> <p><b>Stated:</b> First Time</p>  | <p>The Registered Person shall ensure that all staff inductions are managed in keeping with best practice at all times.</p> <p>Ref: 5.2.5</p>  |



|   |  |
|---|--|
| <p><b>To be completed by:</b><br/>With immediate effect</p> | <p><b>Response by registered person detailing the actions taken:</b></p> <p>Induction in the Trust is a two-fold process consisting of: New to Trust Welcome Programme is delivered to all new staff who commence employment in the Trust. The induction programme includes; an overview of the Trust's, Aim and Vision, an overview of the HSC Values in addition to core Statutory and Mandatory training.</p> <p>A local Induction is mandatory for all staff who commence employment in the day centre. This induction will consist of departmental orientation and fire evacuation arrangements, introduction to the staff team and service users, an outline of roles and responsibilities, review of the job description and induction into key aspects of the job role, shadowing of peers, local systems and process for the safe and effective delivery of care and an introduction into local and Trust policies and procedures. The induction will reflect the standards within the NISCC induction and will include a training needs analysis.</p> <p>The induction will be monitored and signed off as completed by the staff member's line manager. The Registered Manager will monitor through supervision that the induction process for all staff is completed. The Registered Manager will review inductions monthly as part of supervision and these will be factored into the peer monitoring reviews in order to provide assurance inductions are robust and taking place.</p> |
|---|--|

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



The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews