

# Unannounced Care Inspection Report 02 and 04 January 2018



## Enler Day Centre

**Type of Service: Day Care Setting**  
**Address: 9 The Enler Complex, Craigleith Drive,  
Dundonald, BT16 2QG**  
**Tel No: 02895042790**  
**Inspector: Suzanne Cunningham**

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

This is a Day Care Setting that provides care and support for a maximum of 50 service users daily. A programme of day care and day time activities is delivered Monday to Friday for adults who are over 65; may have a diagnosis of dementia; and may have needs arising from a mental health diagnosis; and physical disability.

### 3.0 Service details

|  |  |
|--|--|
| <b>Organisation/Registered Provider:</b><br>Belfast HSC Trust<br><br><b>Responsible Individual(s):</b><br>Martin Joseph Dillon | <b>Registered Manager:</b><br>Gerard Robinson                        |
| <b>Person in charge at the time of inspection:</b><br>Gerard Robinson  | <b>Date manager registered:</b><br>Gerard Robinson – 01 October 2014 |
| <b>Number of registered places:</b><br>50 comprising of DCS-I and DCS-MP(E)  |  |

### 4.0 Inspection summary

An unannounced inspection took place on 02 January 2018 from 09.45 to 15.00 and 04 January 2018 from 12.00 to 13.00.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to: staff knowledge and competency in regard to safe care; risk management; the day care setting environment; providing the right care, in the right place, in the right time; activities; the ethos of the day care setting; listening to service users; governance arrangements; and maintaining good working relationships.

No areas requiring improvement were identified.

Service users were asked what they thought about the day centre, they said: “couldn’t get better care”, “bus drivers are excellent”, we can do what we feel we want to do, “we are a big happy family”.

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           | 0         |

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Gerry Robinson, Registered Manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

#### **4.2 Action/enforcement taken following the most recent care inspection dated 17 October 2016**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 17 October 2016.

#### **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 from the registered manager and Belfast Health and Social Care Trust
- incident notifications which revealed two incidents had been notified to RQIA since the last care inspection in October 2016
- unannounced care inspection report 17 October 2016

During the inspection the inspector met with:

- the registered manager
- fifteen service users
- four care staff

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. Two were returned by service users and relatives and none by staff.

The following records were examined during the inspection:

- two individual staff competency records
- three service users' individual care files
- a sample of service users' daily records
- the complaints/issue of dissatisfaction record from April 2016 to January 2018
- a sample of incidents and accidents records from October 2016 to January 2018
- the staff rota arrangements during June, November and December 2017
- the minutes of service user committee meetings held in May, July and October 2017
- staff supervision dates for 2017
- monthly monitoring reports from September to December 2017
- the staff training information for 2016 and 2017

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

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

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 17 October 2016**

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 17 October 2016**

| Areas for improvement from the last care inspection  |   |                          |
|--|---|--------------------------|
| Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 |   | Validation of compliance |
| <b>Area for improvement 1</b><br><b>Ref:</b> Regulation 20 (1)<br><b>Stated:</b> First time        | The registered provider must develop a system that evidences at all times there is sufficient, qualified and experienced persons working to meet the assessed needs of the service users. (This could include a duty rota and a needs analysis/overview of service users' needs which details how many staff are required to meet the needs). | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>Inspector confirmed the staff rota and the monitoring reporting provided assurance the staffing arrangements were sufficient. An inspection of a sample of the records did not reveal any concerns regarding this improvement.   |                          |

|  |   |                   |
|--|---|-------------------|
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 20 (1) (a)</p> <p><b>Stated:</b> First time</p>   | <p>The registered provider must ensure staff competency assessments are in place for any staff who takes charge of the centre in the absence of the registered manager's. (A staff competency assessment should evidence the staff member has adequate knowledge of what the role and responsibilities of acting up entail; evidence they have the skills, training and knowledge to act up and confirm they are willing to take on the additional responsibilities).</p> | <p><b>Met</b></p> |
| <p><b>Action taken as confirmed during the inspection:</b></p> <p>Inspector confirmed competency assessments had been completed with staff who may act up in the manager's absence, two were sampled which provided evidence staff had the knowledge required to act up in the managers absence and were willing to do so as required.</p> |   |                   |
| <p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 17 (1) Schedule 3</p> <p><b>Stated:</b> First time</p>  | <p>The registered provider must submit the annual report for 2015/2016 to RQIA with the completed QIP.</p>  | <p><b>Met</b></p> |
| <p><b>Action taken as confirmed during the inspection:</b></p> <p>Inspector confirmed the annual report had been submitted to RQIA with the QIP and the report was written for 2017 and sent to RQIA post inspection.</p>  |   |                   |
| <p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 28 (4)</p> <p><b>Stated:</b> First time</p>   | <p>The registered provider must improve the monitoring reporting with regard to the monitoring and analysis of safe staffing numbers in Enler day care setting. The monitoring report should detail staffing numbers in terms of the conduct of the day care setting and detail any risk management actions that were or will be put in place to ensure care is safe.</p>   | <p><b>Met</b></p> |
| <p><b>Action taken as confirmed during the inspection:</b></p> <p>Inspector confirmed this improvement had been made in the monitoring reports since the last inspection.</p>  |   |                   |

|  |  |                                 |
|--|--|---------------------------------|
| <b>Area for improvement 5</b><br><b>Ref:</b> Regulation 28 (5)<br><b>Stated:</b> First time    | The registered provider must ensure the monitoring reports for October, November and December are sent to RQIA following the visit.  | <b>Met</b>                      |
|  | <b>Action taken as confirmed during the inspection:</b><br>Inspector confirmed this improvement had been met.  |                                 |
| <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><br><b>Ref:</b> Standard 23.8<br><b>Stated:</b> First time        | The registered provider should make appropriate arrangements to improve the staff meeting format and minutes. The staff meetings should detail what the staff team have discussed, plans and their delivery of safe, effective and compassionate care. Improvements should be taken forward in a planned way that should be documented and monitored through the team meeting. | <b>Met</b>                      |
|  | <b>Action taken as confirmed during the inspection:</b><br>The staff meeting minutes were reviewed for August, October and November 2017 and these had been improved in this regard.   |                                 |

### 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.**

The settings daily staff arrangements and records were inspected for June, November and December. This provided evidence that the management role and responsibility was provided by the registered manager or senior day care worker (SDCW), the record had been updated when unplanned staff absences occurred, where staff were working and any specific duties.

Competency and capability assessments had been completed for staff who had acted up in the manager's absence and one record was inspected. This identified the staff who may be in charge were willing to undertake management tasks, had the knowledge and understood how to fulfil their role and responsibility in the absence of the manager. Awareness sessions had also been delivered to staff to inform them how to respond to tasks and situations that they had not managed before, examples were handling money; the managers role if there was a fire; administration tasks and the discharge policy. Information discussed was recorded with written confirmation the staff member understood and was confident to act on this as acting

manager. This was a thorough approach to ensuring if staff acted up in the managers absence that they had the right information and knowledge to do so safely.

Service users' needs were varied in this setting, some service users were observed moving around the setting, communicating confidently and were selecting their own activity, some service users needed more staff support to get involved. Observation of these arrangements showed staff were promoting and encouraging service users to be independent when it was safe and activities focussed on developing social skills, their concentration and developing creative skills.

One service users individual care plan was inspected that detailed a service user being closely supported by staff. Staff had concerns regarding the service user falling in the setting and had reflected on incidents, risk management and staff responses. The plan in place was recorded as the safest and most proportionate response to reduce the risk of the service user falling in the day care setting. Furthermore the plan had been agreed by the service user and relatives. The manager discussed he had introduced role play for staff to review how they responded to risk and could they improve their approach to safe care. Overall the management and staff approach to safe care was found to be focussed on preventing harm and supporting service users safely in the setting; the plan enabled them to take part in the activity schedule; and this was subject to continual review by the key worker.

The settings training record demonstrated that staff had received mandatory training and training relevant to their roles and responsibilities. Examples of training staff received in 2016/2017 were safeguarding; infection prevention and control; and fire evacuation.

The examination of the settings incidents, accidents and notifications forwarded to RQIA found safety issues and risks had been identified, recorded and managed. Assessments and care plans had been reviewed and updated as necessary to ensure practice was safe and effective. The sample of records inspected indicated the relevant incidents/notifiable events were reported to RQIA.

The inspection of the day care setting environment revealed care was being provided in areas that presented as clean and tidy, furniture, aids and appliances presented as fit for purpose. Service user's entrance in to the setting was restricted because the day centre was in a public building. A bell could be used to gain entrance or staff held a fob to open the door, service users could exit the setting independently using a press button. Fire safety precautions were inspected and it was noted fire exits were unobstructed, that the fire drill had been carried out in July 2017, the fire risk assessment was not due for review until March 2019 and the action plan had been addressed.

The service users were asked if they felt safe in Enler and they said they felt safe in this day care setting. Comments were: "everyone looks after each other"; "staff are wonderful, they meet us off the bus and bring us inside safe"; "any worries we have are listened to, staff ask us about our background, what we are used to"; "staff keep an eye on us and watch for us being safe, they call us back if we don't use our aides. Sometimes we need to be bossed".

Staff were asked is care safe in this setting, they said care is safe because the staff team communicate well and staff prioritise service user's needs. Staff identified their delivery of care had improved since the manager had returned to his post, they described the manager encourages them to use reflective practice and work as a team. The staff identified the staff team was reduced due to staff sickness and a vacancy however, they identified the service



users numbers were low so there was enough staff to deliver activities, manage group work and meet service users’ needs as identified in their care plan. Swallowing concerns/choking incident was described as an area the staff team had responded to safely, when they found the speech and language assessment was going to take between six to eight weeks they reviewed with the service user what they could do to prevent reoccurrence. They provided a soft option diet in the day care setting, spoke to the service user and relatives regarding how they wanted to manage the risk of reoccurrence, responded to the service users concerns, and took actions in partnership with the service user to ensure safety in and out of the day care setting.

Two service users returned questionnaires to RQIA post inspection. They were “very satisfied” regarding the questions “is care safe” in this setting. By this they meant there were enough staff to help them, they felt protected and free from harm, they could talk to staff if they had concerns, and the environment was safe and clean.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff knowledge and competency in regard to safe care, risk management and the day care setting environment.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.5 Is care effective?**

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

Three service users’ care files were inspected; they contained the service user’s individual assessments and care plans which reflected their physical, social and emotional needs. There was evidence that files had been audited to improve timeliness and recording in the service user’s individual records. Service user’s care plans included what service users wanted to achieve in day care, however, discussion with the manager did reveal potential to improve this further, assurance was given this will be discussed with staff and improved where possible. Care plans were written in an accessible format, service users views were recorded, and written agreements were in place for each service user.

Inspection revealed records were stored safely and securely in line with data protection. Staff discussion confirmed they used these records to guide their practice. Overall the inspection found the settings management of service user records enabled staff to recognise service users’ needs and respond to them effectively.

Service users in both settings discussed they had taken part in a number of activities for example exercises, outings, and creative activities. Service users reported that they knew staff well in the setting, and knew what activities they could do in the setting. If they had a concern or worry about their care they could talk to any staff including the manager who they said would help them to resolve their concern. They confirmed they see their care plan once a year and any changes were made then.

Discussion with staff revealed they felt this was a good service, they described the day care workers and care staff discuss in the morning meetings what they can do with service users, what tasks each staff member is doing and plan to provide consistent care to meet needs. Staff described they had implemented reflective practice opportunities, they had reflected in the morning meetings on the previous days care and discussed did this have an impact on the days plans. Staff said they used the time before service users arrive and after they leave to do training, appraisals and supervision. They described they were using their time effectively, for example group supervision had been used to reflect on incidents or consider scenarios to improve the teams approach or to explore risk management and risk responses. One staff member said this had made a difference to the team; it reminded them they could re look at care examples and explore could they have responded differently. The day care workers identified they had improved their approach with service users; by spending time with service users to discuss in detail what they needed and how their needs could be met including exploring other community supports that may support them.

Overall staff described their communication and procedures had ensured they provided safe and effective care, they knew what each service user needed and how best to meet their needs. Staff confidently expressed their views and knowledge regarding safe and effective care.

Two service users returned questionnaires to RQIA post inspection. They were “very satisfied” regarding questions on “is care effective” in this setting. By this they meant they had got the right care, at the right time in the right place; staff knew their care needs, they were aware of their care plan and the care met their expectations.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to providing the right care, in the right place, in the right time and activities.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

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

## 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.**

Discussion with service users, staff and observation of activities and communication found examples of service users being treated with dignity and respect while promoting and maintaining their independence. Service users confirmed they were asked their opinion regarding what they wanted to do in day care and their ideas and preferences were sought for the activity plan.

A sample of service users meetings records were inspected for May, July and October 2017. They recorded discussions regarding significant dates, monthly monitoring reports and visits, transport, carers group, staffing, resources and activities. The discussions involved giving out information, sought service user's opinions and agreed actions to improve the service users experiences in the setting. Overall the meetings recorded provided evidence service users are being involved in the settings delivery of care and support.

Service users were asked if care in the setting was compassionate, fulfilled their expectations and encouraged them to be involved, one service user said "we give our ideas and staff follow up on them", another described they can tell staff any worries and staff help them or speak to the manager. A group of service users said they were comfortable talking to staff, one service user said during the Christmas holidays they were lost without the centre.

The inspection of this domain confirmed there were robust systems in place to promote effective communication between service users, staff and other professionals.

Two service users returned questionnaires to RQIA post inspection. They identified they were "very satisfied" regarding questions on "is care compassionate" in this setting. They identified they were treated with kindness; staff ensured they were respected, their privacy and dignity was maintained; staff informed them about their care; and staff supported them to make decisions about their care.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the ethos of the day care setting and listening to service users.

### Areas for improvement

No areas for improvement were identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 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 registration certificate was up to date and displayed appropriately. Staff confirmed they had access to a range of policies and procedures in place that they use to guide and inform their practice. The manager stated they take the standards to team meetings to refer to them when required and support discussions regarding what staff can do to improve practice.

Supervision records detailed the staff had received recorded individual, formal supervision at intervals of four to six weeks and at least every three months. Staff said they had used individual and group supervision to improve their practice.

The complaints record was inspected and this showed no complaints had been recorded since 01 April 2016 to December 2017.

The Regulation 28 monthly quality monitoring visits had been undertaken monthly by the independent monitoring officer. The reports showed the visits included unannounced visits and qualitatively reflected service users and staff views and opinions, the reports commented on the conduct of the setting and did not reveal any concerns that were outstanding.

Discussion with service users revealed they had regular discussions with the manager who was often in the setting. One service user said the manager is “doing a good job, he talks to us and asks us if we are happy.

The staff were asked what their opinion was regarding leadership in the setting, they said they work well together as a team and management were supportive. Since the last inspection the manager had returned to the setting full time, and he was no longer covering management duties in another registered setting. One staff member described the manager as having an “open door, if staff need something he will get it, he refocuses staff, a great people person and good at procedures”. Overall staff reported the manager had enabled them to be more reflective, aware of standards, communicate openly and work together to ensure they were delivering safe, effective and compassionate care.

Two service users returned questionnaires to RQIA post inspection. They identified they were “very satisfied” regarding questions on “is care well led” in this setting. They identified they knew who was in charge; the service was well managed; their views were sought about their care and quality of service; and they knew how to make a complaint. One service user suggested the staff should wear name badges and this has been passed to the manager for their information and action.

### Areas of good practice

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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