

# Unannounced Care Inspection Report 29 October 2018



## Enler Day Centre

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

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

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> Belfast Health and Social Care Trust	<b>Registered Manager:</b> Gerard Robinson
<b>Responsible Individual(s):</b> Martin Joseph Dillon	
<b>Person in charge at the time of inspection:</b> Gerard Robinson	<b>Date manager registered:</b> 27/5/15
<b>Number of registered places:</b> 50	

### 4.0 Inspection summary

An unannounced inspection took place on 29 October 2018 from 09.00 to 14.45.

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

Evidence of good practice was found in relation to: The care provided to service users, staff and service users' relationships, individual assessment and care planning, involvement of service users in activity programmes, staff training and the promotion of continued independence.

#### Service users stated:

- "Good staff."
- "We are always welcomed."
- "Activities are good."
- "Good food."
- "The centre helps with your isolation and aloneness."
- "We all love coming here and have great chat and conversation."
- "I love meeting the other people every day."

#### Relative stated:

- "They always send people home happy every day."

#### Staff stated:

- "We communicate with clients families as appropriate."
- "We have a good communication system with each other."
- "Good supervision and appraisal."
- "Excellent training and on-going support for all staff."
- "We provide a good compassionate service."
- "We help support service users to maintain their dignity and independence here."
- "The manager and senior staff are approachable."
- "We can chat to the manager at any time."

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 Mr G Robinson, Registered manager, as part of the inspection process and can be found in the main body of the report.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 04 January 2018

No further actions were required to be taken following the most recent inspection on 29 October 2018.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Records of notifications of significant events
- The previous inspection report from 4 February 2018.
- The RQIA log of contacts with, or regarding the centre.

During the inspection the inspector met with the registered manager, six staff members who spoke enthusiastically and comprehensively of the service provided, two individual service users and others in the group setting completing their daily activities. All comments received have been added to this report.

The following records were examined during the inspection:

- Six file records for service users, including assessments, care plans and reviews.
- Progress records for six service users.
- Quality monitoring reports for the months of January 2018 to August 2018.
- Minutes of service user group meetings held during 2018.
- Record of incidents and accidents.
- Records of staff meetings.
- Selected training records for staff pertaining to:
  - Safeguarding
  - Fire safety
  - Medication
  - Management of records
  - Dementia awareness
  - Customer care
  - Dementia awareness

- Equality
- Records of formal supervision for six staff.
- The Statement of Purpose 2017.
- Service user Guide 2018.
- Fire safety records, including the report of a Fire Risk Assessment dated 8 February 2017 (Due 2019 review) and the last fire drill actioned, 19 February 2018.

At the request of the inspector, the manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; one response was received and shows that the one staff member was satisfied or very satisfied when asked the following:

- Do you feel satisfied that service users, are safe and protected from harm?
- Do you feel satisfied that all service users are treated with compassion?
- Do you feel satisfied that care delivered to service users is effective?
- Do you feel the service is managed well?

Ten service user and/or relatives' questionnaires were provided for distribution; nine questionnaires were returned to RQIA within the timeframe for inclusion in this report.

Comments:

- "Coming to the centre has been a lifeline to me, we should have more staff."
- "The management and direction of Enler is top class in my opinion."
- "Staff also flag up any concerns and advice if they think any appointments should be made with other professionals."

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the day centre to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

The inspector would like to thank the manager, service users, relative and staff for taking time to give their views and co-operation throughout the inspection process.

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 04 January 2018

The most recent inspection of the establishment was an unannounced care inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 04 January 2018

There were no areas for improvement made as a result of the last care inspection.

## 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.**

Discussion with the manager, staff, relative and service users confirmed that sufficiently competent and experienced persons were working in the centre to meet the assessed needs of service users. The manager meets the qualification requirements and the other staff were a mix of care workers, and senior day care workers. A review of the staffing arrangements for w/e 15/10/18 evidenced that the planned staffing levels were adhered to. The manager and other staff are present on a daily basis. Records show the number of staff working each day and the capacity in which they worked.

Observation and discussion with the staff and service users on the day of inspection provided examples of how staff had met service users' needs and supported service users to improve their health outcomes and social experiences. Discussion with staff revealed they understood the service users' needs and how those needs should be met in day care. Staff induction records informed the staff members regarding their role and responsibility, included familiarising themselves with the settings statement of purpose and staffing arrangements.

The manager had a record of staff training in place which evidenced that the staff had received mandatory training including additional training relevant to their roles and responsibilities including Dementia awareness and equality, the inspector noted some of the comments from staff following training events:

- "Training was useful and refreshed my memory."
- "Training made me more aware of the signs of abuse and factors involved."
- "The values of respect and a person centered approach."
- "Made me more aware of client issues and how to deal with them."
- "The training helped me understand more about mental health."
- "I learned the importance of safeguarding."

Discussion with staff members on the day of inspection confirmed that they had received sufficient training to enable them to fulfil the duties and responsibilities of their role and the needs of service users.

Review of governance records confirmed that an effective incident/accident reporting policy and system was in place.

An inspection of the environment was undertaken and confirmed that it was appropriately warm, and had suitable lighting. On the day of inspection the inspector observed service users undertaking a number of activities, and using the space to socialise.

Records examined identified that a number of checks and audits had been undertaken including fire alarm tests. It was noted that the last full evacuation drill was undertaken on the 19 February 2018. Fire risk assessments for the centre were available for the inspection completed on the 8 March 2017, due again (2019).

Discussion with staff confirmed they felt care was safe in the setting. The staff confirmed they had access to and received training to ensure their practice is safe. Staff described how they use risk assessments to ensure individuals have the right support to maintain their safety. Discussion with staff found they had a good knowledge of service users and communicate with them individually on a regular basis to ensure the assessment and care plans are current.

Discussion and observations of service users confirmed they can speak to staff when they need to and get one to one time with staff if required.

Nine returned questionnaires from service users indicated that a safe service meant:

- “There are enough staff to help you.”
- “You feel protected and free from harm.”
- “You can talk to staff if you have concerns.”
- “The environment is safe and clean.”

**Areas of good practice:**

There were examples of good practice found throughout the inspection in relation to staff training and effective communication with service users.

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.**

The inspector reviewed the day care setting’s arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided was outlined in the Statement of Purpose. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose (2017).

Six service users’ individual files were inspected. They contained referral information; service user agreements, assessments; individualised care plans with risk assessments; and multi-disciplinary assessment information as applicable. Care plans presented as comprehensive, and person centred, and they clearly described service users’ needs and individual service user’s objectives. Staff recognised the importance of maintaining accurate and contemporaneous records to guide their practice and ensure that care provided was safe, effective and timely.

There were systems in place to review service users’ placements within the setting to ensure it was the best place to meet their health and social care needs. There was also evidence of

annual care reviews in partnership with the service user and the HSC Trust representatives. On each record there was evidence service users were supported to be involved in the annual review process and their care plan by staff.

The inspector noted some of the comments made by service users during their annual review:

- “Coming here helps with my feelings of loneliness.”
- “The staff are very nice and kind to everyone.”
- “I love the company and conversation here.”
- “It gets me out of the house and is a good change of environment.”
- “The staff are very helpful and there’s a good variety of activities.”

In summary service user care records were well organised and stored safely and securely in line with data protection requirements.

Discussion with staff provided evidence that they were knowledgeable regarding service users’ individual needs. Staff explained they follow the care plans, use the policies and procedures and communication at all levels to ensure they provide the most effective care they can. They identified meetings with service users; team meetings and communication were effective ways of ensuring they were providing effective care.

Nine returned questionnaires from service users indicated that an effective service meant:

- “You get the right care, at the right time in the right place.”
- “The staff know your care needs.”
- “You are kept aware of your care plans.”
- “Your care meets your expectations.”

**Areas of good practice:**

There were examples of good practice found throughout the inspection in relation to care records, audits, reviews and communication between service users and staff.

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.**

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 and individual attainable goals.

On the day of inspection, a variety of different activities were facilitated by staff. During observation of the activities the inspector observed service users approaching staff freely, communicating their needs and making requests. Staff responses were noted to be cheerful



and appropriate. Service users who engaged with the inspector spoke positively about the staff and that they felt staff treated them well.

Consultation with service users and when appropriate their relatives was evidenced in the records relating to the assessment, care planning and review process. In addition, governance arrangements to promote effective communication with service users and/or their relatives included service user meetings. Samples of minutes from service user meetings were reviewed which provided evidence service users had been consulted about a range of matters related to the day care setting including:

- activities
- outings
- staffing
- monitoring visits
- transport
- service user council
- carers' recognition days.

The inspector also noted the meetings held with staff and some of the topics discussed:

- supervision
- training
- new clients
- client updates
- staff updates
- reviews
- CDPR
- RQIA
- NISCC
- improvement.

The inspector noted one compliment received by the centre from a relative:

- "The understanding and compassion shown to me and the care of my \*\*\*\*\* by the staff is an example of great professionalism and hardworking team."

Nine returned questionnaires from service users indicated that a compassionate service meant:

- "Staff treat you with kindness."
- "Staff ensure you are respected and that your privacy and dignity is maintained."
- "Staff inform you about your care."
- "Staff support you to make decisions about your care."

### **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.

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 Statement of Purpose for the day care service was reviewed. (2017) The document clearly describes the nature and range of the service to be provided and addresses all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. The registration certificate was up to date and displayed appropriately.

Discussion with the manager and staff confirmed they were aware of their roles, responsibilities and accountability. Staff confirmed that they had a good understanding of their role and responsibilities under the day care legislation. A review of governance records evidenced that staff typically received individual, formal supervision at least quarterly and an annual appraisal.

Staff confirmed that there were systems in place to ensure they received support and guidance from the manager as needed.

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 manager.

A complaints and compliments record was maintained in the day centre. There had been no complaints recorded since the previous inspection.

The inspector discussed the monitoring arrangements in compliance with regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Monthly and annual quality monitoring reports were completed by the service and a number of reports were inspected.

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 reports were a mix of announced and unannounced visits. The monitoring arrangements identified improvements, carried forward and reviewed them as part of each subsequent monthly monitoring visit. The inspector noted some of the comments made by service users during quality monitoring visits:

- “I’m happy the way I’m treated by all staff.”
- “Staff are pleasant and helpful.”
- “I feel safe and cared for here.”
- “The centre provides a valuable opportunity to socialise and make friends.”

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff, they knew they were stored on the staff intranet which everyone confirmed they could access.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred care plan is developed.

Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Adult safeguarding
- Advocacy
- Equity of care and support
- Individualised person centred care
- Individualised risk assessment.

Discussion with service users and staff evidenced that they felt the care provided was well led. They described the service was well planned and they confirmed they are asked to be involved in the monitoring visits.

All staff are required to be registered with the Northern Ireland social Care Council (NISCC) or other regulatory bodies as appropriate; it was noted that the agency's policy details the procedure for managing this process. The agency retains a list of staff registration details and expiry dates; a record is also maintained by the HSC Trust human resource department.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

Discussion with staff revealed they felt well supported by the manager. They described service users were central to the service and they need to ensure care and support was safe, effective and compassionate. They identified they were well supported by management in staff meetings, supervision and the manager makes himself available as required.

Nine returned questionnaires from service users indicated that a well led service meant:

- "You always know who is in charge at any time."
- "You feel the service is well managed."
- "Your views are sought about your care and the quality of the service."
- "You know how to make a complaint."

#### **Areas of good practice:**

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

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

## 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.



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**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