

Inspection Report

15 December 2022



Knockbracken Day Centre

Type of service: Day Care Setting
Address: Knockbracken Healthcare Park, Saintfield Road,
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Belfast Health and Social Care Trust (BHSCT)	Registered Manager: Ms Esther Elizabeth Dorothy Brimage
Responsible Individual: Dr Catherine Jack	Date registered: 11 February 2009
Person in charge at the time of inspection: Mrs. Roberta Milligan	
Brief description of the accommodation/how the service operates: Knockbracken Day Centre is a day care setting that is registered to provide care and day time activities for up to 75 people over the age of 65 who have a cognitive impairment or a formal diagnosis of dementia. Service users under the age of 65 with a confirmed diagnosis of dementia may also be considered for attendance. The day care setting is open Monday to Friday and is managed by BHSCT.	

2.0 Inspection summary

An unannounced inspection was undertaken on 15 December 2022 between 10.05 a.m. and 2.45p.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 reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices, Dysphagia management and Covid-19 guidance was also reviewed.

Good practice was identified in relation to service user involvement, care and support plans, staff communication and regular audit activity. There were good governance and management arrangements in place.

The inspector would like to thank the person in charge, service users and staff for their help and support in the completion of the inspection.

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 the previous areas for improvement identified, registration information, and 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.

4.0 What did people tell us about the service?

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

The information provided indicated that there were no concerns in relation to the day care setting.

Comments received included:

Service users' comments:

- "Here has something special that I can't put into words."
- "I love coming here."
- "The food is great."
- "The staff are very helpful."

Service user's relative comments:

- "My husband has been attending for a month....he settled quickly....this place is a home away from home...staff are just lovely – I would talk to (staff member) if I had any concerns."

Staff comments:

- "I get so much out of working here."

- “We are a good team.”
- “The service users are well looked after.”
- “I feel very well supported.”
- “The manager is great and open to suggestions.”

No responses were received to the staff electronic survey or the service user/relative questionnaires.

5.0 The inspection

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

Due to the coronavirus (Covid-19) pandemic, the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services. An inspection was not undertaken in the 2021-2022 inspection year due to the impact of Covid-19.

The last care inspection of the day care setting was undertaken on 17 January 2020 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 17 January 2020		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<p>Area for Improvement 1</p> <p>Ref: Regulation 28 (4) (a)</p> <p>Stated: First time</p>	<p>The registered person shall interview, with their consent and in private, such of the service users and their representative and persons employed in the day care setting as appears necessary in order to form an opinion of the standard of care provided in the day care setting.</p> <p>This is in relation to the registered person consulting with more relatives and referring professionals on a monthly basis.</p> <p>Ref: 6.7</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed that relatives and referring professionals are consulted on a monthly basis. This was reflected in the monthly monitoring reports that were available and up to date at the time of inspection.</p>	

Action required to ensure compliance with the Day Care Settings Minimum Standards (revised), 2021		Validation of compliance
Area for Improvement 1 Ref: Standard 21.3 Stated: First time	<p>The registered person shall ensure that mandatory training requirements are met.</p> <p>This relates to ensuring that all training, in particular human rights is attended by all staff and is kept up to date.</p> <p>Ref: 6.4</p> <p>Action taken as confirmed during the inspection: Inspector confirmed staff training records were available and up to date at the time of inspection.</p>	Met

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 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 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 incidences of abuse and the process for reporting concerns. The person in charge reported there had been no referrals made to the Trust Safeguarding Team since the last inspection.

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. Information was also on display around the day care setting

Staff were provided with training appropriate to the requirements of their role.

The person in charge reported that none of the service users currently required the use of specialised equipment on a daily basis. They were aware of how to source such training should it be required in the future.

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.

All staff had been provided with training in relation to medicines management. The person in charge advised that no service users required their medicine to be administered with a syringe. The person in charge was aware that should this be required, a competency assessment would be undertaken before staff undertook this 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 had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The person in charge reported that none of the service users were subject to DoLS.

The Day Care Setting manages service users' money daily for services provided within the setting. Weekly and monthly finance audits are carried out by two staff members. However, daily withdrawals are signed by only one staff member. We discussed with the person in charge the need for two staff signatures against each withdrawal to be in place prior to the next inspection.

Records examined identified that a number of safety checks and audits had been undertaken including fire alarm tests. It was noted that the last full evacuation drill was undertaken on 9 November 2022. Fire risk assessments for the centre were available for the inspection. All staff fire training was up to date. During the inspection, fire exits were observed to be clear of clutter and obstructions.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained clear details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also positive to note that the day care setting had service user 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. The person in charge also reported that there are plans to reinstate the carer's support group within the day care setting.

The day care setting had completed an annual review in relation to their practice which incorporated service user and their representatives' feedback (Regulation 17). This was disseminated to all of the service users, in a format which best met their communication needs. The annual review included a range of comments:

Service users' comments:

- "I am delighted with everything about this place."
- "I am very happy with all the care and activities"
- "Staff are doing a great job."

Service users' relative comments:

- "The team do a great job"
- "The service is excellent, kind, dignified yet homely and structured to my husband's strengths and weaknesses."
- "Always are warm welcome. Staff are friendly and approachable"

HSC Trust representatives' comments:

- "Service users are treated with dignity and respect."
- "Difficult to think what could be done better except perhaps additional resources of staff and an increase in the days and hours that the centre is open"

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

New standards for modifying food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents. A comprehensive resource folder was available for staff to reference

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working 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 these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

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. The inspector observed service users being offered snacks of the prescribed consistency.

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) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body. There was a system in place for professional registrations to be regularly monitored by the manager.

There were no volunteers working in the day care setting.

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

There was evidence that 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 a robust, structured, three day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the day care setting of the person's capability and competency in relation to their job role.

A review of the records pertaining to Regulation 20 of The Day Care Settings Regulations (Northern Ireland) 2007 and Standard 21 of The Day Care Settings Minimum Standards 2021 relating to staff also identified that they had been recruited, inducted and trained in line with the regulations.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by agencies.

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 28 of The Day Care Setting Regulations (Northern Ireland) 2007. 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.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

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. No complaints had been received since the last inspection.

The Statement of Purpose required updating with RQIA's contact details. The manager submitted the revised Statement of Purpose to RQIA within two weeks of the inspection

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Roberta Milligan, person in charge, Mrs Esther Brimage, Manager and Mrs Breige Connery, Assistant Services Manager as part of the inspection process and can be found in the main body of the report.



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