

Unannounced Care Inspection Report 17 January 2020



Knockbracken Day Centre

Type of Service: Day Care Service
**Address: Knockbracken Healthcare Park, Saintfield Road,
Belfast, BT8 8BH**
Tel No: 028 9063 8835
Inspector: Corrie Visser

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 is registered to provide care and day time activities for up to 75 service users for older people over the age of 65, who may have a physical disability, a sensory impairment, or may be frail, have dementia or have mental health needs.

Referrals for people under the age of 65 with a diagnosis of dementia may also be considered. The day care setting is open Monday to Friday and is managed by the Belfast Health and Social Care Trust (BHSCCT).

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust	Registered Manager: Esther Elizabeth Dorothy Brimage
Responsible Individual: Martin Joseph Dillon	
Person in charge at the time of inspection: Esther Elizabeth Dorothy Brimage	Date manager registered: 11 February 2009
Number of registered places: 75 Registered to provide services on a routine basis to a maximum number of users with needs as specified in the statement of purpose	

4.0 Inspection summary

An unannounced inspection took place on 17 January 2020 from 10.00 to 15.00 hours.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards, 2012 and the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

As a public-sector body, RQIA have 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 facilities, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of day care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with the centre.

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 record keeping, promoting the human rights of the service users, adult safeguarding, good communication and listening to service users, management of complaints and incidents and good working relationships.

Areas requiring improvement were identified in relation to the monthly monitoring reports and staff training.

Service users' and relative' comments are referenced throughout the report. Two questionnaire respondents commented "all the staff at the day centre are first class. It has changed ****'s life and **** has become more confident and outgoing" and "the staff provide a quality service to all and they have time to speak to carers about relatives."

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
Total number of areas for improvement	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Esther Brimage, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 21 June 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 21 June 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:

- Unannounced care inspection report and quality improvement plan dated 21 June 2018.
- Incident notifications which evidenced that four incidents had been notified to RQIA since the last care inspection on 21 June 2018.
- Information and correspondence received by RQIA.

During the inspection the inspector met with 20 service users, four staff, two professionals and one service users' relative.

The following records were examined during the inspection:

- Four service users' individual care records
- A sample of monthly quality monitoring visit reports dated September 2019, October 2019, November 2019 and December 2019.
- A sample of the policies and procedures.
- The day care setting's record of registration with the Northern Ireland Social Care Council (NISCC).
- Training matrix.
- The Statement of Purpose, January 2020.
- Attendance records for four service users.
- A sample of minutes of service user meetings dated January 2019, April 2019, July 2019 and October 2019.

- A sample of minutes of staff meeting dated August 2019, September 2019, October 2019 and November 2019 as well as the minutes of the weekly staff meetings.
- The incidents and accidents folder.

At the request of the inspector, the registered 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; no responses were received.

The inspector requested that the registered manager place a 'Have we missed you' card in a prominent position in the day care setting to allow service users, relatives and families 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 the registered manager to be displayed in the day care setting for service users.

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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or not met.

The findings of the inspection were provided to Mrs Esther Brimage, registered manager at the conclusion of the inspection.

The inspector would like to thank the registered manager, service users, relatives and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 21 June 2018

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 21 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Regulation 7.5 Stated: First time	The registered person shall ensure that when no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	Met
	Action taken as confirmed during the inspection: The inspector reviewed four service users' attendance logs and there was evidence of entries being completed for at least every five attendances.	
Area for improvement 2 Ref: Standard 6.8 Stated: First time	<p>The registered person shall ensure that restraint and seclusion should be used only for controlling violent behaviour or to protect the service user or other persons; and then only as a last resort when other less restrictive strategies have been unsuccessful. Any intervention used is proportionate to the risk of harm; and any situation that led to use of restraint or seclusion is subject to multi-disciplinary review, with a view to avoiding the need for such intervention in the future. Records are kept of all instances when restraint or seclusion is used, and of the review of their use.</p> <p>The relates specifically to the restrictive practices referenced within this report and the need for:</p> <ul style="list-style-type: none"> • relevant care plan(s) and risk assessment(s) to be in place which evidence that the intervention used is proportionate to the risk of harm and remains person centred, necessary and proportionate. • all restrictive interventions to be subject to multi-disciplinary review on a regular basis and evidence collaboration with the 	Met

	<p>service user and/or service user's relative(s).</p>	
	<p>Action taken as confirmed during the inspection: The inspector reviewed four service users' care plans and there was evidence that they have been amended to include any restrictive practices and takes into consideration any deprivation of liberty safeguards.</p> <p>The care plans were comprehensive and it was evident that the service users' human rights were promoted. All the care plans have been reviewed in accordance with policies and procedures and signed by the service user or their next of kin.</p>	

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 inspector discussed staffing levels with the registered manager, staff and service users during the inspection and it was confirmed that there was a sufficient number of competent and experienced workers in the centre to meet the needs of the service users. The rota showed the planned staffing levels for each day and the capacity in which they worked. It was evidenced from reviewing the rotas that the person in charge of the day was clearly identified.

There are competency and capability assessments for all day care workers in the day care setting to ensure that an experienced member of staff is in charge in the event of absence of the manager or deputy manager. The manager reported that she ensures that either she or the deputy manager is available on a daily basis.

The inspector did not review recruitment or induction records during inspection as there had not been any newly recruited members of staff since the previous inspection dated 21 June 2018 however they are seeking to recruit care assistants as there were to vacancies.

The training matrix was reviewed during inspection and there was a range of training opportunities for staff including health and safety, food hygiene, medical devices awareness, data protection, swallowing awareness, medication, diabetes awareness, consent and capacity and infection prevention and control. Discussions with staff confirmed that they had access to training to support them in meeting the roles and responsibilities of their job. It was noted however that training in relation to human rights was outstanding for all staff. An area for improvement has been made in this regard.

Through observations of and discussions with staff on duty, it was clear that they were sufficiently experienced to meet the assessed needs of the service users. They demonstrated a clear understanding of the service users' needs and how these should be met. Staff described the importance of observing and monitoring services users in a way to identify any change in their needs which may require a review of their care plan or an onward referral to relevant BHSCT professionals. One relative spoken to on the day of inspection confirmed this and advised that staff have "genuine concern for everyone."

The inspector discussed the incidents that have occurred since the previous inspection with the manager and how these were managed. It was advised that these are recorded on an electronic system which is reviewed by the manager and the trust's governance department. All incidents had been managed appropriately by staff and the manager. It was also discussed that all incidents are monitored and reviewed on a monthly basis to identify any patterns/trends from which learning and actions plans could be derived.

The registered manager confirmed that the BHSCT adult safeguarding practices are directed by the regional Adult Safeguarding Prevention to Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. An Adult Safeguarding Champion (ASC) was identified for the service. Discussions with the staff on the day of inspection evidenced that they were knowledgeable regarding their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns to management and maintain written records. While there were no adult safeguarding investigations within the day care setting at the time of inspection, a review of the previous safeguarding referrals identified that they were responded to appropriately and consideration was given to the service users' safety both within and outside the setting. It was evident that a prompt response was undertaken by the staff in accordance with safeguarding procedures.

Restrictive practices were discussed with the manager and it was confirmed that there were a number of restrictive practices in place both within and outside the day care settings including a key pad system which restricts access to the small units in the setting and angel clips on seatbelts for those service users who lack awareness of risk to their safety and who might remove their seatbelt whilst travelling. From reviewing four service users care plans, it was evident that risk assessments had been undertaken for each restrictive practice which involved consultation with the multi-disciplinary team, service users (where appropriate) and their relatives. These assessments were reviewed as per the requirements and any changes were noted. It was positive to note that the human rights of the services users was incorporated in to the risk assessments as well as an action plan to promoted the service users freedom of movement and minimise the deprivation of their liberty.

The day care setting was clean and tidy on the day of inspection. Fire exits and walkways were clear and free from any obstructions. All the furniture, aids and appliances were fit for purpose for the needs of the service users. Infection prevention and control measures were also in place with a good standard of hygiene observed throughout the day care setting. Hand sanitisers were in place around the unit and hand hygiene notices were positioned at wash basins.

Service users' comments:

- "You've come into a very, very nice place."
- "The girls can't do enough for you."
- "I think you are brilliant, the whole lot of you."

Staff comments:

- “The client’s priority comes first.”
- “We all pull together and get on with it but more staff would be ideal.”
- “The continuity of staff within the small unit is essential.”
- “It’s very important to know the individual.”

Relatives’ comments:

- “The girls have great skills.”
- “The girls do not rush their care and make sure everyone’s needs are met.”
- “The girls are totally focused with the person they are with.”

Two service users’ relatives returned questionnaires to RQIA. Both respondents indicated that they were very satisfied that the care provided was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the assessment and review of service users’ needs, staffs knowledge of every individual, adult management of incidents and reporting procedures within the day care setting.

Areas for improvement

One area for improvement was identified in relation to staff training.

	Regulations	Standards
Total number of areas for improvement	0	1

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 and service user information pack. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

Four service users’ care plans were reviewed and noted to contain service user agreements, individualised care plans which were updated as required, moving and handling, continence and transport assessments. It was also noted that additional risk assessments were completed in relation to the risk of choking and input was received from Speech and Language Therapy (SALT). It was evidenced that reviews were undertaken after four weeks of the date of commencement, a further review at 10 weeks and then on an annual basis, unless the needs of the service user changed requiring an ad hoc review. A person centred approach was used for all service users as there was an “all about me” form which contained a wide range of additional information about the service user, such as their background, family, hobbies and interests.

Four service users' attendance records were reviewed during the inspection and it was noted that as per Standard 7.5 of the Day Care Settings Minimum Standards, 2012, logs were kept for at least every fifth attendance to the day care setting and it was noted if the service user did not attend and the reason for this. Contact with service users, their relatives or professionals were also contained within these logs.

All records containing service user information was stored safely and securely in compliance with legislative requirements.

Discussions with staff and service users confirmed that there was a variety of activities to suit individual needs and they had recently purchased a Tovertafel which is a machine for the service users with sensory needs. It was discussed that this is used every day at certain point of the day which promotes the service users' stimulation. Each unit within the day care setting has activities which are tailored for the needs of the service users. Examples of activities available to the service users include music, dance and singalongs, gentle exercise, skittles, arts and crafts and discussions of current affairs.

Staff confidently described how they would escalate any concerns to ensure the safety and wellbeing of service users which also included informing the service users' next of kin. Staff advised that it was important to get to know the service users' individually to ensure their needs were being met and a person centred approach underpinned their practice. It was evident through observations of staff that they were attuned to every individual and were aware of how to interact with the person to ensure their safety and wellbeing. This was confirmed in feedback from relatives during and following the inspection process.

Relatives' comments:

- "**** feels valued and comfortable."
- "**** is treated like a family member."
- "Very positive experience."

Service users' comments:

- "Everything is great."
- "We have choices."
- "I think it is very good."

Staff comments

- "Management is there to support us."
- "The clients priority comes first."

Professional comments:

- "They do run a very good service."
- "Very service user focused and friendly."

Two relatives returned questionnaires to RQIA. Both indicated that they were very satisfied that the care provided was effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to assessment and review of restrictive practices, care reviews, activities and communication between service users, relatives, staff and professionals.

Areas for improvement

No areas of improvement were identified in this domain during inspection.

	Regulations	Standards
Total number of areas for improvement	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.

The inspection sought to assess the day care setting’s ability to treat service users with dignity, equality and respect and to fully involve service users in decisions affecting their care and support.

It was evident through discussions with and observations of services users and staff, service users were treated with dignity and respect and their independence was being promoted. There were positive interactions observed between staff and service users and the atmosphere was relaxed and welcoming. Staff encouraged the service users to meet with the inspector to have their voices heard. The staff should be commended for this.

Through discussions with staff, service users and their relatives, it was evident that there was an open door policy so any issues could be discussed with staff or the manager. It was also evident that all decisions in relation to the service users are undertaken in conjunction with the service users themselves, their relatives and any key professionals involved in their care. This was achieved through care review meetings, annual service user questionnaires, carers meetings, monthly quality monitoring visits and service user meetings.

The inspector reviewed a sample of the minutes of the service user meetings known as committee groups which were held approximately every three months. There was an agenda compiled for every meeting which contained a vast amount of areas to be discussed. An example of some of the discussions had during these meetings include a review of the activities and the service users’ feedback. The service users were also informed of the Mental Capacity Act and the impact this will have on them. They were advised that further assessments will be undertaken by their social workers. They were updated on the work being done to the day care setting as well as given advice in relation to the warm weather. Further areas which were discussed was in relation to a health and social care values poster which was displayed in the setting. The areas of working together, excellence, compassion and openness and honesty were discussed and the service users were advised that this is what service users should expect from someone providing care. It was positive to note that the service users were advised of the freedom of information which enables them to request information.

The day care setting has an established carers' group which meets once a month. This group provides carers with advice, information, social and emotional support to enable them to maintain their caring role and ensure they have access to pertinent information in their caring roles.

Service users' comments:

- "Everything is great."
- "The girls can't do enough for you."
- "It gets you out and passes the day."

Relatives' comments:

- "**** is treated with dignity, patience and compassion."
- "**** smiles upon arriving and leaving. If **** is uncomfortable **** disengages and is withdrawn but **** is never like that coming here."
- "The girls have natural empathy."

Two relatives returned questionnaires to RQIA. Both respondents indicated that they were very satisfied that the care provided was compassionate.

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 hearing the voices of the service users and promotion of human rights.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 inspector assessed the settings leadership, management and governance arrangements in place to assure they are meeting the needs of service users. The day centre was managed on a day to day basis by the registered manager, a deputy manager, with the support of five day care workers, three care assistants, a clerical officer and catering staff.

The registration certificate was up to date and displayed appropriately.

The Statement of Purpose for the day care service was reviewed and updated by the provider on January 2020. 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.

There was a clear organisational structure and staff who were spoken to demonstrated awareness of their roles, responsibility and accountability.

There were systems in places to monitor staff performance and to ensure that staff received support and guidance. This was achieved through individual supervision at least every three months, annual appraisals and group supervisions.

Monthly staff meetings were held and a review of a sample of records evidenced that the focus was on quality improvement. A vast agenda was discussed at every meeting including the General Data Protection Regulation (GDPR), Mental Health Capacity Act (NI) 2016, changes to adult safeguarding, actions from audits and any new care planning documentation that is being utilised. An action plan was also devised at the staff meetings including responsibility and timeframes. There were also weekly staff meetings which focused on updating the staff on the service users, any changes to their care plans/needs or any new service users which have been referred.

As per Regulation 28 of the Day Care Setting Regulations (Northern Ireland) 2007 the registered provider should undertake monthly visits to the day care setting to audit and review the effectiveness of the quality of care being provided to service users. Four quality monitoring reports were reviewed on the day of inspection and it was noted there was a robust analysis of the quality improvement plan and progress made, condition of the day care setting, other improvements being implemented including repainting and refurbishment and a comprehensive action plan. However it was noted there was a lack of consultations with relatives and stakeholders namely in the October 2019 and November 2019 reports. An area for improvement was made in this regard.

There were arrangements in place to ensure that staff were registered with the relevant regulatory bodies of the Northern Ireland Social Care Council (NISCC). It was advised by the manager that the information in relation to registration and renewal dates are maintained by the trust's governance department who generate an email to the manager advising when a staff member's renewal date is approaching. When this email is received, the manager liaises with staff to ensure they have taken appropriate action to ensure their registration is maintained. The manager confirmed that staff were unable to work if their registration lapsed.

A sample of policies and procedures were reviewed during inspection and all were updated in accordance with timescales outlined in the minimum day care standards. These policies and procedures are kept electronically which all staff have access to.

There was one complaint received since the previous inspection from a relative. This was managed appropriately and it was recorded that the complainant was satisfied with the response.

Through discussions with staff it was confirmed that the management team are very supportive and they can approach them with any suggestion or concern raised. Staff were knowledgeable of their responsibilities and duty to report any concerns in relation to a colleague and were aware of the whistleblowing policy as well as the complaint policy.

Equality legislation is important in the day care setting and the manager advised that this is part of staff induction as well as refresher training and is addressed through the supervision and appraisal process.

Service users' comments:

- "I have no problems."
- "Everything is great."

Relatives' comments:

- "I have no concerns."
- "The girls have great skills."

Staff comments:

- "We have a great team and all help each other out."
- "Management are supportive. If we need help, they drop everything and come straight to the room."
- "We work well as a team."

Two relatives returned questionnaires to RQIA. Both indicated that they were very satisfied that the care provided was well led.

Areas of good practice

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

Areas for improvement

One area for improvement was identified in relation to the monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs Esther Brimage, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 28(4)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</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>
	<p>Response by registered person detailing the actions taken: The Assistant Services Manager will ensure that relatives and referring professionals are consulted with on a monthly basis as part of the monthly monitoring visits to the day centre.</p>

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p>Area for improvement 1</p> <p>Ref: Standard 21.3</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<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>Response by registered person detailing the actions taken: All staff have completed the Equality, Good Relations and Human Rights Training via elearning. Additional Human Rights Training is completed by staff every three years. All staff have had a date scheduled to complete this training. The Manager will continue to ensure that mandatory training requirements are met.</p>

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



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