

# Unannounced Care Inspection Report 05 September 2016



## Knockbracken Day Centre

**Type of service: Day Care Service**

**Address: Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8  
8BH**

**Tel No: 02890 638835**

**Inspector: Suzanne Cunningham**

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Knockbracken Day Centre took place on 05 September 2016 from 10.00 to 15.45 (24 hour clock).

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

The inspection of: six service users' individual care files; staff records such as duty rotas, supervision and training; observations of the setting; discussions with service users and staff; and observations of care evidenced the care delivered was consistent with the settings statement of purpose and ethos.

The staff in Knockbracken Day Centre was observed caring for a range of service users' needs. The staffing levels were responsive to service user's needs, welfare and safety and the premises presented as safe on the day of the inspection.

Overall the inspection of "is care safe?" concluded improvement is needed in three areas regarding the management and staffing arrangements; improving evidence of pre-employment checks and increasing the frequency of individual staff supervision meetings in compliance with standard 22.2. These improvements will ensure the minimum standards inspected are being met fully.

### Is care effective?

The inspection of six service users individual care records; incident recording; complaints recording; discussion with the service users; staff and visiting professionals concluded care was being delivered at the right time, in the right place, and with the best outcome. Individual care needs had been assessed and the outcome was written into a plan with the service users. Review and monitoring arrangements were in place to monitor the effectiveness and quality of care delivered to service users.

Overall the inspection of "is care effective?" concluded the minimum standards inspected were being met on the day of the inspection. No areas for improvement regarding this domain were identified during this inspection.

### Is care compassionate?

The inspection of records, observations of practice and discussions with staff and service users revealed that service users were being treated with compassion, dignity and respect. Furthermore they were encouraged by staff to be involved in decisions affecting their care and support. Staff were observed listening to service users and communicating with them in a supportive and caring manner.

Overall the inspection of "is care compassionate?" concluded the minimum standards inspected were being met on the day of the inspection. No areas for improvement were identified regarding this domain during this inspection.

## Is the service well led?

The discussion with staff and service users regarding the management arrangements confirmed they were informed regarding the management arrangements and the staffs role and responsibilities. Documents and records such as audit records, monthly monitoring reports and evidence of staff support demonstrated there were arrangements in place to promote quality improvement throughout the setting.

Overall the inspection of “is care well led?” concluded the minimum standards inspected were being met on the day of the inspection.

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Susan Curry, senior day care worker, 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.

### 1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Belfast Health and Social Care Trust/Mr Martin Joseph Dillon	<b>Registered manager:</b> Esther Elizabeth Dorothy Brimage
<b>Person in charge of the home at the time of inspection:</b> Susan Curry, senior day care worker	<b>Date manager registered:</b> 11 February 2009
<b>Categories of care:</b> DCS-DE, DCS-I	<b>Number of registered places:</b> 75

### 3.0 Methods/processes

Prior to inspection following records were analysed:

- 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 no incidents had been notified to RQIA since the last inspection on 03 March 2016
- Unannounced care inspection report 03 March 2016 which did not result in any requirements or recommendations.

During the inspection the inspector met with:

- The senior day care worker
- Three staff
- 10 service users
- One service user relative.

Questionnaires were given to the manager to distribute between service users, representatives and staff in Knockbracken day centre. Four were returned by service users, four by staff and five by relatives.

The following records were examined during the inspection:

- Six service users' care files including a sample of service users' daily records
- The complaint/issue of dissatisfaction record which had five entries recorded from April 2015 to the date of the inspection
- A sample of incidents and accidents records from March to September 2016
- The minutes of service user meetings for July & August 2016
- A sample of the team meeting minutes for January, February, April and July 2016
- Staff supervision dates for 2016
- Two staff records including evidence of staff induction
- Seven monthly monitoring reports from February to July 2016
- Staff training information for 2015 and 2016
- The staff rota for July, August and September 2016
- A sample of the Fire safety records for 2016
- Statement of Purpose
- Service Users Guide.

### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 03 March 16

The most recent inspection of the establishment was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

## 4.2 Review of requirements and recommendations from the last care inspection dated 03 March 2016

There were no requirements or recommendations made as a result of the last specialist inspection.

## 4.3 Is care safe?

Discussion with the senior day care worker at the beginning of the inspection revealed the day centre manager was covering the management role and responsibilities of a residential home on the day of the inspection. The Trust notified RQIA the manager was covering managing two registered facilities; this was a temporary measure while a manager for the residential home was being recruited. The senior day care worker was appropriately experienced in this role and had previously taken responsibility from the registered manager to manage this service in her absence since the registration of this setting. She was also completing the QCF level 5 which is a qualification suitable for registered managers. The senior day care worker's experience and future qualification (when awarded) evidenced she meets the criteria to manage this day care setting.

Discussion with the senior day care worker revealed the manager had not been present in the day care setting very often. There was evidence she was last in the setting in July 2016 however discussion revealed it was likely that she had been in the setting after that. The senior day care worker described managing the setting on her own had been difficult. There were no cover arrangements for her senior day care role whilst she was acting manager. Therefore there was no one covering her management tasks and there was no cover for staff absences which meant she was needed to support staff in providing direct care. The minutes of one staff meeting described staffing as critical. The lack of staff cover, staff holidays and training commitments were written as having an impact on the staffing arrangements. During the inspection there was no evidence care was unsafe. Staff were observed prioritising direct care tasks, however other tasks such as staff support and training which are also essential in the long term to assure staff are able to fulfil their roles and responsibilities were not consistently being provided. This must be improved, the registered manager should improve their oversight of the operations of the day care setting and evidence how often and for how long they are in the day care setting. Furthermore the management and staffing arrangements must be reviewed to ensure all tasks, as well as day to day direct care tasks are safely met in compliance with the minimum standards and regulations.

Staff members on duty stated the number of staff working with the current numbers of service users was a safe ratio because they were meeting the service users' assessed needs; and delivering care as described in the care plans. However they did identify the staff absences due to sickness, holidays and the manager absence had impacted on the frequency of supervision and availability for training.

The staff team had access to a duty rota written which detailed what staff were on duty each day with their roles and responsibility. This record was compliant with standard 23.7 which states a record should be kept of who is working and in what capacity.

Four service users were consulted with during the inspection specifically regarding safe care. They described the day centre was a place they could come that is safe, they can see friends, take part in activities and get a meal made for them. They described they can choose what they want to do and staff are on hand to help them.

The staff on duty said they discuss with each other what they will do each day, including activities. They stated working together is key to providing safe care; in a safe environment. The discussion with staff confirmed they were promoting safe care for service users in this setting.

Two staff files were examined as part of this inspection. The staff files did not contain proof of suitability to commence post that is compliant with standard 20. For example there should be evidence of the workers identification; Access Northern Ireland check; references; employment history; qualifications; and a health assessment. These should be in place to provide assurance the staff member is suitable to commence work in the setting. It is accepted this is a trust day centre; therefore these checks are likely to be completed by the personnel / recruitment team. However, confirmation that these have been completed and the applicant is suitable to start work in the day centre is required. It should also be noted this should be in place for staff that have been redeployed with clear evidence they are suitable for the post they are being redeployed to. A recommendation is made in this regard.

Staff supervision arrangements were inspected for two staff and this showed the frequency of the supervision meetings between staff and their supervisor should be improved. One staff member had received one supervision meeting in 2016. The records also showed staff were meeting for group supervision instead of individual supervision, which is described in standard 22. Care staff should have received one individual supervision session no less than once every three months. A recommendation is made to increase the frequency of supervision delivered to all staff in compliance with standard 22. The evidence of this improvement in the frequency of supervision meetings should be provided for future inspections.

This day care setting had provided activity based care in a setting that promotes social interaction between service users and staff to prevent service users feeling isolated and improve their wellbeing. The care is delivered in a range of rooms that offer space for small groups, physical activity, crafts and music activities. There is also outside space, a dining area and bathrooms, which accessible. The day centre environment presented as functional for this group, warm, comfortable and with homely furnishings. Freedom of movement was promoted for service users within the part of the setting they received care in.

This day care setting does care for service users who have a diagnosis of dementia and those who have a moderate to severe diagnosis are cared for in a more secure environment. The room was spacious and service users could access toilets and outside space independently. However, they could not exit to the entrance of the setting without staff. The service users in this part of the day centre had an assessment that described they need a secure environment for safety reasons. No obvious hazards internally or externally were noted. Overall the inspection of the premises and grounds identified they presented as safe, well maintained and suitable for their stated purpose.

Six service users completed questionnaires for this inspection. They identified they felt safe in the setting; they could talk to staff if they were unhappy, the setting is comfortable, they could tell someone if they were worried about someone being treated badly and they knew what to do if the fire alarm sounded. One service user said "everything is safe enough here" another said "staff are busy but it's very safe".

Five relatives returned questionnaires. They responded their relative is safe and protected from harm, they could talk to staff, the environment is suitable to meet their relative’s needs and they would report concerns to the manager.

Four staff members returned questionnaires. They responded the care was safe because they had received training to care for service users safely, there are risk assessments and care plans in place for service users, they would report bad practice and they receive support to fulfil their roles and responsibilities

**Areas for improvement**

Three areas for improvement were identified regarding the management and staffing arrangements; improving evidence of pre-employment checks and increasing the frequency of individual staff supervision meeting in compliance with standard 22.2.

<b>Number of requirements:</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>2</b>
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**4.4 Is care effective?**

The content of the Knockbracken day centre statement of purpose was sampled. Cross referencing the content with the outcomes of this inspection it was evident this document described the purpose of this service accurately and effectively. For example “Knockbracken Day Centre aims to provide a varied and structured programme in keeping with the principles of Person Centred Planning which improves the quality of life for individual service users by means of active engagement with a community focus day support programme, embracing choice and independence”. The inspection of six individual service user files and observations of care being delivered evidenced the description of the service in the statement of purpose was being put into practice.

Observation of the setting showed there was a range of activities on offer for service users to opt into in all areas of the setting. The day centre has a main unit for older people with a physical disability, a sensory impairment or with mental ill health or mental health issues or mild stage Dementia. There is also a small self-contained area for people with moderate to severe stage Dementia. The service user’s assessments identify their needs and the outcome of the assessment had determined what part of the setting they would receive care in. In all of the areas of the day care setting the staff were observed communicating with the service users to encourage them to participate in the range of activities. On the day of the inspection there were discussion groups and quizzes, music and relaxation sessions as well as arts and crafts and garden time on offer.

The inspection of six individual service user files evidenced service users and representatives signed an individual written agreement that set out the terms of the day care placement. The record keeping formats had been produced and completed in accordance with legislation, standards and best practice guidance. For example assessments had been completed, the outcome was incorporated into the care plan and these documents were reviewed to ensure they remained current and relevant. The assessment, planning and review recording showed this process was led by the needs and views of the service users and or their representatives. This process was based on a person centred planning model that aimed to actively engage service users in managing their own health and assist them to identify changes in their needs.



Discussion with staff revealed they are careful to communicate with service users in a way that each service user understands. They knew this was key to ensuring they know what the service users want. This approach assured the service users were actively engaging with what was on offer in day care and staff were sure what the service users' needs and preferences were. Staff revealed communication had been delivered as part of the team training schedule. They learnt about the best way to communicate with service users who have memory loss to get the best outcome. Staff said they focus on how to get the best outcome for each individual whilst promoting the service users dignity. One staff member said they try to see how each service user views the staff and their environment which helps inform them how they need to communicate. They said "We take each individual on their own journey". This description gave valuable insight into how staff were effectively supporting service users to meet their needs and respond to the service user's preferences.

Six service users' completed questionnaires which identified they were getting the right care at the right time; staff were communicating well with them; their choices are listened to; they choose the activities they take part in; and five had been involved in the annual review of their day centre placement. Two service users commented the day centre is short staffed. As discussed in the "is care safe?" domain, staffing is an area identified for improvement.

Four of the five relative's questionnaires responded their relative gets the right care, at the right time, in the right place. They were satisfied with communication with staff; their awareness of their relative's needs; preferences and choices and that these are incorporated into the care they receive; and their involvement in their relative's annual review. Two relatives commented their relative has memory loss and may not have the capacity to be fully involved in choices that are offered by staff.

Four staff questionnaire identified service users are involved in their care plan, care plans inform the care provided, monitoring of quality is in place and that staff respond to service users in a timely manner.

### Areas for improvement

No areas for improvement regarding effective care were identified during this inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.5 Is care compassionate?

This inspection included observation of the morning and afternoon activities, consultation with 10 service users and one relative. These examples provided evidence the staff were responding to and supporting service users in a compassionate way. For example the staff communicated with the service users individually and in groups, in a respectful way that protected service user's dignity and privacy. Service users communicated with staff regarding their needs and what they would like to do. Some service user's communication was confused however staff took time to assist each individual to decide what they wanted to do and the level of assistance they needed from staff. When staff identified someone needed additional support they sensitively moved service users to where they could get more individualised care and privacy. The staff were observed encouraging service users to be involved in their care and promoting their independence. Staff discussed plans to improve care, for example blue plates were being introduced for service users with dementia to encourage their independence and



appetite. Furthermore toilet seats had been changed to a contrasting colour to aid service users using the bathrooms independently.

This setting had communicated and consulted with service users and relatives in a number of ways. For example service user meetings which had sought opinions regarding the care provided; activities and suggestions for the future. Relatives meetings had sought to offer support and practical advice to carers and relatives. The annual survey had been sent out to all service users, relatives and professionals. The feedback was positive and no suggestions were made for improvements. One professional had written “this service helps people keep well for longer”.

Consultation with service users regarding compassionate care and service users’ questionnaires identified they were treated with respect and are involved in decisions affecting them, the staff are kind and caring, their privacy is respected; they have choices and are involved in decisions. Service users said they were glad to be in the day care setting.

Five relative’s responded in questionnaires that their relative was treated with dignity and respect and involved in decisions affecting their care. They identified they do not have any concerns and their relative is treated well. Three relatives wrote additional comments which were: “The staff and carers have been nothing but great...life savers”; “No issues or concerns (relative) likes it”. The final comment described how day care setting staff had assisted their relative beyond their role and responsibility to prevent suffering. These comments further evidence how staff are providing compassionate care to service users.

Four staff questionnaires identified service users are treated with dignity and respect, encouraged to be independent; their views are sought and acted upon.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.6 Is the service well led?

The senior day care worker was managing the day care setting during the inspection. There was a competency assessment which evidenced they were competent and willing to take on this role in the manager’s absence. They were also undertaking the QCF level five qualification. This is a qualification for registered managers of day care settings and should greatly benefit the senior day care worker in her current role. These management arrangements in place ensure the manager works effectively in this day care setting who promotes safe, effective and compassionate care. However, as described in the domain is care safe, the presence of the registered manager in this setting and evidence of their oversight of the operation of this setting should be improved.

Examination of the day centres statement of purpose evidenced the management arrangements were consistent with the day centres registration details. The senior day care worker provided examples of management and governance systems they have in place which ensure the setting is safe, well managed and service users’ needs are met in compliance with the Day Care Settings Regulations (NI) 2007 and Standards 2012. Examples inspected were the monthly monitoring visits; the audits of the settings records, the managers monthly report which reports

on staffing, training and service users and the environment. The audits did not identify any concerns regarding the centres compliance. The annual report for 2015/2016 had been written.

The monthly monitoring visits and reports were inspected from February to July 2016. The reports available evidenced visits had taken place once per month as required in regulation 28. The reports did detail the matters to be monitored by the registered person as described in Schedule 3 and the conduct of the setting.

The complaints record was reviewed and this revealed five issues of dissatisfaction had been received from April 2015 to August 2016. They had been recorded fully including the action taken and the outcome reached which the complainant was satisfied with.

Discussion with staff confirmed they knew how to respond to a range of situations such as responding to issues of dissatisfaction or a vulnerable adult concern. The staff described the senior day care worker as supportive and the staff identified they support each other. Comments made were “we all work together”, “if we have any issues of concerns we can approach the senior day care worker, she will treat conversations confidentially and discreetly”. These discussions provided evidence staff were well informed, well supported and there was open communication between the staff team.

Discussion with service users revealed they knew who to talk to about any concerns, requests, advice or issues/concerns. The service users named the manager and staff who work in the setting confirming they were familiar with all of the staff team.

Six service users’ questionnaires identified the service was managed well; they said they knew the manager and could talk to them if they had any concerns. Finally staff had responded well to them and they are asked what they would like to do in the setting.

Five relative’s questionnaires described the service was managed well; staff and the manager were approachable, professional and caring. They had a copy of the service user’s guide.

Four staff questionnaires identified the service is managed well, the service is monitored, and communication between the staff and management is effective. Two questionnaires had additional comments regarding the senior day care worker. They said she was doing a good job as acting manager but it was difficult for her to do on her own with a “limited staff team”. This is identified as an improvement in is care safe?

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Susan Curry, senior day care worker, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 service. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Settings Regulations (Northern Ireland) 2007.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Day Care Setting Minimum Standards 2012. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

### 5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

#### Requirement 1

**Ref:** Regulation 20

**Stated:** First time

**To be completed by:**  
31 March 2016

The registered provider must improve evidence of the registered manager's oversight of the operations of the day care setting. They should evidence how often and for how long they are in the day care setting.

The management and staffing arrangements must be reviewed to ensure all tasks, as well as day to day direct care tasks are safely met in compliance with the minimum standards and regulations.

**Response by registered provider detailing the actions taken:**

The Acting manager has completed QCF5 and is competent and capable to fulfil the roles and functions of this post. However when the registered manager is present in Knockbracken she will record the date and length of stay. The service manager and Assistant Service Manager met with RQIA in February 2016 highlighting the recruitment difficulties within EMI Residential care and to inform that the registered manager from Knockbracken Day Centre is temporarily managing a residential home. This situation was deemed as low risk as the temporary manager of Knockbracken has much experience as she has acted manager for many years. The ASM has support systems in place should the Acting Manager require advice or guidance. The staffing arrangements have been reviewed and deemed appropriate to meet service need.

### Recommendations

#### Recommendation 1

**Ref:** Standard 20.2

**Stated:** First time

**To be completed by:**  
31 March 2016

The registered provider should make appropriate arrangements for the day care setting to evidence that staff, including volunteers, are recruited and employed in accordance with relevant Legislation. Confirmation the checks and documentation listed in this standard are completed prior to staff commencing post in the day centre is required. It should also be noted this should be in place for staff that have been redeployed with clear evidence they are suitable for the post they are being redeployed to.

**Response by registered provider detailing the actions taken:**

All staff including redeployments and volunteers are recruited and employed in accordance with recent legislation. This information is retained and available from Belfast Trusts Human Resources.

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 22.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2016</p>	<p>The registered provider should improve staff supervision arrangements. Evidence should be available that shows staff have received one individual supervision session no less than once every three months.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>The Acting Manager has evidence that supervision sessions have taken place within recommended timeframes but had not been filed in a timely manner and therefore were not available on day of inspection. The Acting Manager has devised an electronic system to advise all staff of formal supervision dates. A copy of this system is now displayed in Acting Manager offices. The Senior Day Care Worker can confirm that standard 22.2 had been met with regards to timescale expectations. She will also ensure that all filing is completed by admin staff on a weekly basis.</p>



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