

Unannounced Care Inspection Report 18 October 2018



Edgcumbe Assessment & Therapy Unit

Type of Service: Day Care Service
Address: 8 - 10 Edgcumbe Gardens, Holywood Road,
Belfast, BT4 2EG
Tel No: 02895 043110
Inspector: Jim McBride

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

Edgumbe Day centre provides specialist care through the early, middle and latter stages of dementia. The centre aims to maintain skills and abilities of people through meaningful activities, enabling people with dementia to live at home for as long as possible.

3.0 Service details

Organisation/Registered Provider: Belfast Health and Social Care Trust	Registered Manager: Janet Brown
Responsible Individual: Martin Dillon	
Person in charge at the time of inspection: Janet Brown	Date manager registered: 23/12/16

4.0 Inspection summary

An unannounced inspection took place on 18 October 2018 from 09.15 to 15.00.

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

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

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

Staff said:

- “Good training and supervision.”
- “We are well supported by the manager.”
- “All care needs of service users are met by staff.”
- “We have a good relationship with member’s families.”
- “We support the social side of the centre.”
- “Never a problem with the manager who has an open door policy and is always there to listen.”

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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Janet Brown, 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 31 January 2018.

No further actions were required to be taken following the most recent inspection on 18 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
- Quality Improvement Plan from the previous inspection 31 January 2018
- The RQIA log of contacts with, or regarding the centre.

During the inspection the inspector met with the registered manager, two staff members who spoke enthusiastically and comprehensively of the service provided, the inspector observed service users in the group setting during a music session involving all service users and staff, the atmosphere appeared good and all but a few were joining in the singing and musical activity.

The following records were examined during the inspection:

- File records for six service users, including assessments, care plans and reviews.
- Progress records for eight service users.
- Quality monitoring reports for the months of May 2018 to September 2018.
- Minutes of members/service users' 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
 - Complaints
 - Management of records
 - Dementia awareness
 - Manual handling
 - Equality
 - Self-directed care
- Records of formal supervision for six staff.
- The Statement of Purpose 2018.
- The Service user Guide 2017.

- Fire safety records, including the report of a Fire Risk Assessment dated 28 November 2016. The inspector was informed by the registered manager that the risk assessment in place was now due for an update and further assessment.

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; two responses were received. Staff survey results show that staff were 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:

- "As a carer I have total confidence in the service provided."
- "I have absolute piece of mind at the level of care provide."
- "I always will be eternally grateful to all the staff."
- "The staff are excellent."
- "I'm very grateful for the help and support."
- "The staff are kind, caring and supportive."
- "The routine is easy to follow for my *****."

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the day centres 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 and staff for taking time to give their views and co-operation throughout the inspection process.

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 31 January 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 inspection dated 31 January 2018

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 23.7 (Appendix 3.7) Stated: First time To be completed by: 05 February 2018	The registered person shall ensure that staff, including agency / bank staff and actual shifts worked each day is recorded within the staff duty roster. Ref: 6.4	Met
	Action taken as confirmed during the inspection: The inspector noted a number of staff rotas in place that have been reviewed in line with the previous area of improvement. The documentation in place was satisfactory.	
Area for improvement 2 Ref: Standard 5.6 Stated: First time To be completed by: 28 February 2018	The registered person shall follow up the request for choking assessments of two service users and ensure that the care plan of one service user reflects the identified risk and measures in place to minimise the risk Ref: 6.5	Met
	Action taken as confirmed during the inspection: The required assessments were in place and in line with the standard.	

Area for improvement 3 Ref: Standard 20.15 Stated: First time To be completed by: 19 March 2018	The registered person shall submit to RQIA retrospective notification of one safeguarding allegation dated 11 April 2017 including details of the outcome of investigation. Ref: 6.7	Met
	Action taken as confirmed during the inspection: The required notification was submitted following the previous inspection and was satisfactory.	

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 and staff 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 5/10/18, 12/10/18 and 19/10/18 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. The inspector also noted a number of capability and competency assessments in place for staff who can act up in a management position during the absence of the registered manager.

Observation and discussion with the staff 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 Self-directed care. 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 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 2 August 2018. Fire risk assessment for the centre was available for the inspection completed on the 28 November 2016; the manager confirmed that this is now due for review.

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.

Observations of service users confirmed they can speak to staff when they need to and get one to one time with staff.

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 and carers.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 (2018).

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 and individual carers.

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; carers, 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, carers and staff.

No areas for improvement were identified during the 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.

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 and social interactions.

On the day of inspection activities were facilitated by staff and other facilitators. 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. Staff who engaged with the inspector spoke positively about the service and the ongoing benefits of the service to both service users and their carers.

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
- gardening project
- group exercises
- GDPR
- newsletters
- quality outcomes

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

- training
- service user updates
- RQIA
- activities
- safeguarding
- improvements
- induction
- complaints
- transport.

The inspector noted the centre's annual report for 2018 that afforded people the opportunity to comment on areas of quality and key indicators pertaining to:

- transport
- catering
- staff
- care plans
- activities.

Some of the comments received:

- "Bus service can sometimes be late but the driver is always very helpful.
- "All staff go out of their way to help and assist my mother, they go above and beyond their needs in assisting her".
- "My mother enjoys taking part in all activities; she always comes home saying she had a great day". "My mother attending Edgcumbe is the best thing in her week; she is with like-minded people of her own age group and enjoys all of it".
- "We as a family cannot emphasize enough the great service that is provided at Edgcumbe and hope it stays open for ever".

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 and their carer’s.

No areas for improvement were identified 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 Statement of Purpose for the day care service was reviewed. (2018) 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 a number of complaints recorded since the previous inspection. Samples of complaints were available for review and evidenced a high level of satisfied outcomes.

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 a number of reports were inspected and were satisfactory. 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 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 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 herself 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.

	Regulations	Standards
Total number of areas for improvement	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

Web www.rqia.org.uk

📍 @RQIANews