



The Regulation and
Quality Improvement
Authority

Edgcumbe Assessment and Therapy Unit
RQIA ID: 10771
Holywood Road
Belfast
BT4 2EG

Inspector: Suzanne Cunningham
Inspection ID: IN23101

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**Unannounced Care Inspection
of
Edgcumbe Assessment and Therapy Unit
7 September 2015**

The Regulation and Quality Improvement Authority
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Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 07 September 2015 from 09.30 to 16.45. Overall on the day of the inspection the Day Care Service was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	0

The details of the QIP within this report were discussed with the Ms Janet Brown, Acting Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Belfast HSC Trust/Mr Martin Joseph Dillon	Registered Manager: Ms Janet Brown (Acting)
Person in Charge of the Day Care Setting at the Time of Inspection: Ms Janet Brown (Acting)	Date Manager Registered: 01 April 2015
Number of Service Users Accommodated on Day of Inspection: 37	Number of Registered Places: 56

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 5 - Care plan: Where appropriate service users receive individual continence promotion and support

Standard 8 - Service users' involvement: Service users' views and comments shape the quality of services and facilities provided by the Day Care Setting

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed: incidents notification which revealed eleven incidents had been reported and RQIA and the reported information did not raise any concerns; notes regarding this day care setting which not did reveal any concerns and the last inspection report and QIP which revealed no requirements or recommendations had been made.

During the inspection the inspector met with all of the service users, three staff; and three representatives/family members. No visiting professionals were available for consultation during the inspection. Five RQIA staff questionnaires were completed during and after the inspection and four RQIA service user questionnaires were returned to the inspector post inspection.

The following records were examined during the inspection: Six individual service user files including their care plans, the complaints record which contained six complaints that had been recorded since January 2014 to the end of March 2015, the incidents recorded from May 2014 to August 2015, seven registered provider visits (regulation 28 visits) from January to July 2015, policies and procedures relevant to this year's standards and theme, statement of purpose, service users guide. The service user's forum meeting minutes for September 2014, April and July 2015; the carers meeting agenda and notes for 2014 & 2015.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced estates inspection dated 08 January 2015. The completed QIP was returned and approved by the specialist inspector. The inspector signed the QIP on 12 March 2015 stating all items had either been confirmed as addressed or arrangements were in place to address issues within stated timescales. Therefore there were no areas identified for the care inspector to follow up or be addressed during this inspection.

5.2 Review of Requirements and Recommendations from the last Care Inspection

No requirements or recommendations were made at the previous inspection.

5.3 Standard 5 - Care plan: Where appropriate service users receive individual continence promotion and support

Is Care Safe?

There is a continence promotion policy and procedure in place and guidelines which were reviewed in June 2014.

The review of a sample of service user meeting notes, representative group notes, the complaints record; and six service users individual records evidenced staff had actively sought service users and their representatives' views regarding continence needs. The recorded views had been incorporated into care planning and practice. Any recorded issues of concern, complaints had been recorded with actions taken to resolve them.

The needs assessment, risk assessments and care plans had been kept under continual review, amended as changes occurred and had been kept up to date to reflect the needs and preferences of the service user. The needs assessment and care plans had been appropriately signed. Needs assessments and care plans included, where appropriate, continence promotion information, the service user's preferences had been incorporated as had professional assessments. Records had been kept under review.

Discussion with staff confirmed they are aware of continence products and Personal Protection Equipment (PPE), and discussion showed staff could confidently describe care practice in this regard. The staff description of practice provided evidence of staff working together to meet individual needs and promote individual service users continence. Staff practice with regard to maintaining good hygiene standards and infection control was also described; whilst protecting and having regard for service users' privacy and dignity.

The staff training record and discussion with the staff revealed they have received training in the areas of continence promotion focussing on the continence products available. The day after the inspection staff were booked to attend a training session delivered by the continence team which would focus on the assessment process.

During the inspection the review of the environment including cleaning rotas which showed staff had incorporated good cleaning and hygiene practice which had ensured there was no mal odour in the bathrooms which are accessible for service users. The observation of the bathroom areas also showed the location / storage of PPE and continence products is in keeping with infection control guidance and ensures products are accessible and can be given to service users discretely. The inspection did identify toilet seats in the setting were not consistent with research regarding improving outcomes for service users who have a diagnosis of dementia. The manager informed the inspector black seats had been fitted onto the toilet seats however, they were found to be brittle and broke easily. Hence the white seats have replaced them. One staff member identified the best option is a red seat and described the trust using these in a hospital facility which indicates the trust can supply them. Therefore a requirement is made for the toilet seats to be replaced with seats that are recommended for this service user group and that are fit for purpose.

Five staff returned inspection questionnaires that reported staff are satisfied to very satisfied with the training they had received; they are very satisfied with support from the multidisciplinary team; access to equipment; and very satisfied the environment is appropriate to meet service user's needs. Four service user inspection questionnaires were returned and reported service users and their relatives feel very satisfied the setting provides a safe and secure care environment and staffing levels are appropriate at all times. Comments made were "I am extremely satisfied my father is in a very safe and secure environment as witnessed when collecting him from the centre and observing the attention paid to him. He is never left alone and appears to be very happy when in the centre". "I am very happy to attend and enjoy it". "My husband is very safe, the levels are very appropriate. Everyone greets you with a warm smile because they all say the same, we love working here and they love the people they care for".

Overall the inspection concluded staff have a proactive approach to ensuring continence needs are met in a safe way in this day care setting.

Is Care Effective?

The staff have access to supplies of continence products in a cupboard next to the bathrooms. There is also a small supply of spare products kept in case any personal supplies run out or any other service users request assistance in this regard. Discussion with staff showed they are knowledgeable regarding meeting assessed continence needs and staff had unrestricted access to these supplies.

The staff access PPE when they enter the bathroom area and staff reported this is appropriate to meet need. Staff training records and discussion with staff identified they had received appropriate education and training in continence products and training regarding assessment was planned for the day after the inspection.

In this setting, the cognitive ability of service users is impaired by their diagnosis. Therefore the inspector was not able discuss the specifics of this inspection with service users however we did discuss how they felt when they were in the setting. All of the service users stated they felt happy to be in the centre and said staff were helping them and looking after them well. One group confirmed they could access the bathrooms and they had no complaints about the setting.

Three representatives were spoken to and they described their relative attending the day centre was a support to them; as well as good for their relative. Two of the three relatives described they have observed their relative improving since attending the day centre, for example they are more alert, they can recall of some what they have done or felt and they present as settled and happy before and after attending day care. Representatives also reported they are listened to, report good relations with staff and their communication with the centre staff has been effective.

The acting manager and staff explained they are aware of and see their role as identifying and reporting on continence issues, they will refer their concerns back to the carer to discuss with their GP or continence professional if one is involved. Information regarding needs, current professional involvement and assessments are available on the trust information system and staff said they are able to access this system as appropriate for their role and responsibility.

Four service users and relatives responded in RQIA inspection questionnaires they feel satisfied to very satisfied that staff know how to care for them and respond to their needs. They commented "I have every confidence in the very well trained staff and are more than happy my father's needs are met". "The staff care and respond to the needs of my husband".

Five staff responded in inspection questionnaires they are very satisfied they have access to supplies which support service users and access to PPE. Finally staff reported they have sufficient knowledge, skills and experience to support service users who attend the day centre. One staff member commented "this is a sensitive area and we pride ourselves on dealing with it with care, respect and dignity, whilst following policy/ procedure/ assessments and care plan".

The inspection concluded care provided by staff is effective in promoting and supporting continence needs.

Is Care Compassionate?

Staff presented during the inspection as knowledgeable, they described service users in records and discussion using a person centred approach. Staff described sound processes and procedures underpinned by informed values which are required to deliver safe and effective continence care and support families and service users in meeting individual continence promotion.

Staff discussion, staff training and development of person centred assessment and planning tools had been used to develop staff knowledge and skills. The inspector is satisfied this ensures use a compassionate approach and are competent when providing continence care and support to service users in this setting.

Five staff reported in the questionnaires that they are satisfied to very satisfied service users are afforded privacy, dignity and respect at all times; they are encouraged to retain their independence and make choices; they are satisfied they have time to talk to and listen to service users; and the care provided is based on service users' needs and wishes.

Four service users and representatives reported in the questionnaire's they are very satisfied with the care and support they receive. Comments made were "The team at Edgcumbe are extremely compassionate and caring. I have no concerns about the quality of service provided as it is of the highest standard". "Everyone in Edgcumbe are compassionate beyond the call of duty".

The inspection concluded staff approached meeting service users' needs with compassion and ensured service users were given time to talk openly or privately.

Areas for Improvement

One area of improvement was identified regarding the service users care plan - Where appropriate service users receive individual continence promotion and support:

A requirement is made for the toilet seats to be replaced with seats that are recommended for this service user group and that are fit for purpose e.g. red seats.

Number of Requirements	1	Number Recommendations:	0
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5.4 Standard 8 - Service users' involvement: Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe?

The inspection of six service users individual files and records, service user meetings and forum notes, the complaints record and representative meetings demonstrated the staff had actively sought service users' and their representatives' views. This information was used to improve practice in areas such as the way staff care for an individual, ensuring the activity plan is responsive to preferences, ensuring the environment each individual service user is using is appropriate to meet their changing needs, ensuring the transport arrangements are responsive to changing needs. Annual reviews and questionnaires were another source of ensuring preferences, ideas, complaints and concerns were incorporated into practice and this inspection did not reveal any choices, issues of concern, complaints or risks that had not been recorded and acted on.

Discussion with staff and observation of staff meeting service users' needs confirmed service users had been listened to and responded to by staff who are knowledgeable about service users' individual modes of communication.

The inspection of the statement of purpose, review of the current registration and discussion with the acting manager and staff did reveal the staffing arrangements had changed since the last inspection. The previous manager had retired and the deputy manager was acting as manager. The deputy position had not been replaced and the acting manager advised there was no plan to recruit for this position. The acting manager advised she had been interviewed for the post of manager and had been successful however, the commencement date had not been advised at the time of the inspection. The acting manager and staff advised they are currently short staffed. For example a member of staff was on maternity leave and their hours had only been partly covered, furthermore a member of staff was not able to undertake full duties. Therefore during the inspection the staff were observed moving around from room to room to cover absences and tasks that needed to be covered. In a dementia setting this arrangement is not appropriate long term and will not assist in meeting the service users' need for a consistent approach and predictable routine. Therefore a requirement is made for the trust to review current staffing arrangements in this setting and compare this with arrangements in place when they registered which are reported in the settings statement of purpose. The trust must report to RQIA if the current staffing is appropriate to meet the needs of the service user, the size of the building and the statement of purpose. If it is not the trust

must advise what measures will be put in place to improve the staffing arrangements in this setting and timescales regarding the same. Furthermore the trust must provide RQIA with an update regarding the registered manager application which should be submitted without delay. These actions will ensure there is a safe approach to staffing the day centre that is focussed on meeting the needs of the service and the service users.

There are policies regarding:

- service users' meetings and forums
- listening and responding to service users' views
- service users' involvement in activities and events
- communications with carers and representatives
- general communication arrangements
- safe and healthy working practices

The inspection confirmed staff communicate effectively with service users and use this information to ensure care is safe and responsive to need.

Is Care Effective?

In this day care setting the service user and representative views, preferences and opinions had been sought and recorded when care planning and undertaking individual service user reviews, during meetings, in questionnaire and surveys, in day to day discussion. The review of the recording revealed views had been recorded, responded to and outcomes recorded. The inspection did not reveal any concerns regarding the records taken and was assured all views, preferences and concerns had been addressed and had been resolved or were in the process of being resolved.

In this day care setting service users had discussed a range of issues in the service user meeting / forum meetings. The discussions have developed to raising service users' awareness of their own safety, feelings and diagnosis. The records also showed the meetings had been used to enable service users to be involved in and given opportunities to influence the running of the day care setting.

Discussion with staff and observation confirmed they treat service users with dignity and respect service users privacy. For example their method of communication is appropriate, that they give time for each person to speak. The group discussions are done in seating areas that encourages involvement, they notice if someone isn't taking part and encourage participation and they offer reassurance as required to enable service users to feel calm and settled in their environment.

During the inspection staff informed service users and persons visiting the Day Care Setting that the inspection was taking place, the service users and representatives were encouraged by staff to give their views about the standard of care delivered and the conduct of the Day Care Setting to the inspectors.

There were policies regarding:

- inspections of the day care setting
- consent
- listening and responding to service users' views
- management, control and monitoring of the setting
- quality improvement
- complaints

The inspection confirmed the care in this setting effectively seek service user's views, opinions and preferences and this information is used to inform day care delivery.

Is Care Compassionate?

The inspection evidenced service users are listened and responded to by staff who are knowledgeable about individual service users' communication needs. During the inspection staff were observed seeking service users views, opinions, wishes and feelings. Staff were also observed asking service users about issues affecting them in a respectful and kind manner.

The inspection confirmed staff are knowledgeable and do reflect a person centred approach, in their day to day care which presented as compassionate and responsive to the needs of this service user group. The staff also had clear communication skills which allowed them to compassionately seek service user's views and comments which they use to inform the delivery of care and support services.

Four service users and relatives completed questionnaires for this inspection and they stated service users are satisfied to very satisfied that their views and opinions are sought regarding the service. One service user stated "I just wish each and every one the best, and I thank them for giving me my life back. What would I do without Edgumbe"?

Five staff questionnaire's stated they were satisfied to very satisfied regarding the following questions: service users are involved in and are given opportunities to influence the running of the centre; systems are in place to seek service users views; management action service users suggestions, issues or complaints; and service users are kept informed regarding any changes. One staff member wrote "Management welcome complaints as this is an opportunity to improve the service and client experience".

In conclusion this inspection confirmed the staff use a compassionate approach to gather service users views, opinions and preferences.

Areas for Improvement

One area of improvement was identified regarding service users' involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting:

A requirement is made that the trust report to RQIA if the current staffing is appropriate to meet the needs of the service user, the size of the building and the statement of purpose. If it is not the trust must advise what measures will be put in place to improve the staffing arrangements in this setting and timescales regarding the same. Furthermore the trust must provide RQIA with an update regarding the registered manager application which should be submitted without delay.

Number of Requirements	1	Number Recommendations:	0
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5.5 Additional Areas Examined

5.5.1. Service users files

The inspector reviewed six service user individual records which were kept in individual files. They contained evidence of file audit; assessment; care planning documentation; activity records; risk assessment; review documentation and minutes. The review of these files did not identify any improvements were required and the inspection identified quality of information recorded was very good and person centred.

5.5.2. Complaints

The complaints record was reviewed by the inspector and this revealed six complaints had been recorded in 2014 or in 2015. The examination of the record revealed the complaints had been recorded in accordance with the day centre procedure and they had been investigated and resolved locally to achieve a satisfactory outcome.

5.5.3. Incidents

The inspector sampled entries made in this record from the date of the last inspection to the day of the inspection and this did not reveal any improvements or concerns that require further discussion.

5.5.4. Monthly monitoring visits:

Monitoring visits were sampled from July 2015 to January 2015 and this did not reveal any improvements or concerns that require further discussion.

5.5.5. Training

The inspector sampled the staff training matrix which showed staff mandatory training was up to date. Staff had also been trained this inspection year in continence products and further training regarding continence assessment was being delivered the day after this inspection.

5.5.6. Service user meeting minutes

The inspector sampled the notes and minutes of meetings held in September 2014, April and July 2015. The meetings were held with the service users in two rooms in the day care setting in separate meetings. The minutes clearly demonstrated the importance of consulting and communicating on a range of issues and there was a clear record kept of service user preferences and views. The meeting in September 2014 discussed the outcome of last inspection and personal care. The meetings held in April 2015, discussed personal care and

service users expressing their views. The record was a good example of the depth of discussion that can be undertaken and how this can.

5.5.7. Carers meeting notes

The carers meetings have a 12 month programme which is sent to carers in advance. The programme included speakers who gave presentations on issues service user relatives would be familiar with, included social events and time for relatives to discuss their preferences, views and concerns. These meetings are a sound way of helping representatives to be involved and give their comments which can shape the quality of services and facilities provided by the Day Care setting.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Janet Brown, acting manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan			
Statutory Requirements			
Requirement 1 Ref: Regulation 18 (2) (b) Stated: First time To be Completed by: 2 November 2015	<p>The registered person must ensure the current toilet seats in the service user toilets are replaced with seats that are recommended for this service user group. The toilet seats must also be of adequate quality and fit for purpose e.g. red seats.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Red toilet seats have been received and fitted to all toilets.</p>		
Requirement 2 Ref: Regulation 20 (1) (a) Stated: First time To be Completed by: 2 November 2015	<p>The registered person must report to RQIA on the returned QIP regarding the current staffing arrangements and assure RQIA they are appropriate to meet the needs of the service users, the size of the building and the statement of purpose.</p> <p>If the assessment of staffing identifies there are deficits the trust must advise RQIA what measures will be put in place to improve the staffing arrangements in this setting and include timescales regarding the same.</p> <p>Furthermore the trust must provide RQIA with an update regarding the registered manager application which should be submitted without delay.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The current staffing arrangements are appropriate to meet the needs of the service users,. The statement of purpose has been updated to reflect the changes. Day Care workers have increased hours temporarily this is currently being considered on a permanent basis.. The Managers appointment is now confirmed. The Manager has taken up post and has completed RQIA registration as Manager of the establishment..</p>		
Registered Manager Completing QIP	Janet Brown	Date Completed	26.10.15
Registered Person Approving QIP	Martin Dillon	Date Approved	19.11.15
RQIA Inspector Assessing Response	Suzanne Cunningham	Date Approved	24 November 2015

Please ensure the QIP is completed in full and returned to day.care@rqia.org.uk from the authorised email address