

# Inspection Report

5 May 2022



## Edgcumbe Assessment and Therapy Unit

**Type of Service: Day Care Setting**  
**Address: 8 - 10 Edgcumbe Gardens, Hollywood Road,  
Belfast, BT4 2EG**  
**Tel No: 028 9504 3110**

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

---

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Belfast Health and Social Care Trust (BHSCT)	<b>Registered Manager:</b> Mrs Joan Telford
<b>Responsible Individual:</b> Dr Catherine Jack	<b>Date registered:</b> 27 August 2021
<b>Person in charge at the time of inspection:</b> Mrs Joan Telford	
<b>Brief description of the accommodation/how the service operates:</b>  Edgumbe Assessment and Therapy Unit is a Day care setting which provides specialist care to service users living with dementia. The service aims to maintain skills and abilities of people through meaningful activities. The day care setting is operational from Monday to Friday.	

## 2.0 Inspection summary

An announced inspection was undertaken on 5 May 2022 between 9.55 a.m. and 4.00 p.m. The inspection was conducted by a care inspector supported by RQIA's Service Improvement Officer.

The inspection examined the day care setting's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training, and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguarding (DoLS), restrictive practices, Dysphagia and Covid-19 guidance was also reviewed.

Good practice was identified in relation to staff recruitment, training and induction and service user involvement. There were good governance and management arrangements in place.

### 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

The inspection focused on:

- contacting the service users, their relatives / representatives, HSCT representatives and staff to find out their views on the service
- reviewing a range of relevant documents, policies and procedures relating to the day care setting's governance and management arrangements.

In preparation for this inspection, a range of information about the service was reviewed. This included registration information and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care settings, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

### 4.0 What people told us about the service?

During the inspection we spoke with a number of service users, the relatives of two service users and three staff members. We requested feedback from HSC Trust representatives; we received one response.

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

One staff member responded to the electronic survey indicating that they were satisfied the care provided was safe, effective and compassionate and that the service was well led. Comments included:

- "Edgcumbe is a great place for people to attend. The staff are very caring and activities are person centred. There isn't a day goes by that service users aren't happy with the service. They are always complimentary."

One questionnaire was returned; the respondent indicated that they were satisfied with the care and support provided.

### **Comments received during inspection process:**

Service users' comments:

- "Happy with everything."
- "Love coming here."
- "Staff are great; so helpful and kind."
- "I have no complaints."
- "The food is good."

Relatives' comments:

- "This is a great place, the staff are very supportive. I am very happy with everything and have no issues. I can talk to the staff and they know my mum well."
- "Great staff, they are all very caring. This place is 10 out of 10."
- "It is absolutely first class, I have no concerns. My wife enjoys it and I am very happy with the care."
- "Staff are approachable and keep me informed. The staff are wonderful; the place is excellent."

Staff comments:

- "No issues; I love working here."
- "The manager is great."

HSCT representative's comments

- "Edgcumbe completed a thorough strengths based and person-centred assessment and have regular contact with myself to review in regards to positive outcomes and any concerns that have arisen throughout the service users attendance. Edgcumbe maintain a person-centred approach and therapeutic environment which has impacted positively on the service user providing social interaction and mitigating the risk of social isolation. They continue to work in partnership with the service user and myself as community social worker, for further positive outcomes."

## 5.0 The inspection

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

Due to the coronavirus (Covid-19) pandemic, the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last inspection to the service was undertaken on 23 February 2021 by a care inspector; no areas for improvement were identified. An inspection was not undertaken in the 2020-2021 inspection year due to the impact of the first surge of Covid-19.

## 5.2 Inspection findings

### 5.2.1 Are there systems in place for identifying and addressing risks?

The day care setting's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflected information contained within the DoH's regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with us had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns. They could also describe their role in relation to reporting poor practice and their understanding of the day care setting's policy and procedure with regard to whistleblowing.

The day care setting retained records of any referrals made to the HSC Trust adult safeguarding team in relation to safeguarding matters identified. A review of records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The day care setting had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

Since the last inspection RQIA had been notified appropriately of any incidents that were required to be reported. There is a system for recording details of incidents/accidents and any actions taken.

Staff were provided with training appropriate to the requirements of their role. The manager stated that none of the service users currently attending the day care setting required the use of specialised moving and handling equipment. They were aware of how to source such training should it be required in the future.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

The manager stated that staff are not currently required to support service users with the administration of medication. There is a plan in place for staff to complete medication training updates in accordance with the organisation's training requirements. The manager/person in charge advised that no service users required their medicine to be administered with a syringe. The manager/person in charge was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with us demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate DoLS training appropriate to their job roles. The manager/person in charge reported that none of the service users were subject to DoLS whilst attending the day care setting.

### **5.2.2 What are the arrangements for promoting service user involvement?**

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

It was also positive to note that the day care setting had service user meetings on a regular basis which enabled the service users to discuss what they wanted from attending the day centre and any activities they would like to become involved in.

The day care setting had completed an annual review in relation to their practice which incorporated service user and their representatives' feedback. Comments included: "The drivers are brilliant."; "This is a lovely place, staff go out of their way to make people comfortable. I always look forward to my visit."

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

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

Discussions with staff and the review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

### **5.2.4 What systems are in place for staff recruitment and are they robust?**

A review of the day care setting's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

There was evidence that checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC), the Nursing and Midwifery Council (NMC) or any other relevant regulatory body. There was a system in place for professional registrations to be monitored by the manager monthly. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date. Records viewed indicated that staff were appropriately registered.

There were no volunteers working in the day care setting.

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

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the day care setting's policies and procedures. There was evidence of a robust, structured induction programme lasting at least three days which also included shadowing of a more experienced staff member. Written records were retained by the day care setting of the person's capability and competency in relation to their job role.



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

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

### **5.2.6 What are the arrangements to ensure robust managerial oversight and governance?**

There were monthly monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's monthly quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

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

The day care setting's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. Where complaints had been received since the last inspection, these were appropriately managed and were reviewed as part of the day care setting's monthly quality monitoring process.

## **6.0 Conclusion**

Based on the inspection findings, RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the manager.

## **7.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Joan Telford, Registered Manager, as part of the inspection process and can be found in the main body of the report.





The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

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

 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care