

Inspection Report

7 September 2021



Wilson House Resource Centre

Type of service: Day Care Service

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Northern Health and Social Care Trust (NHSCT)</p> <p>Responsible Individual: Ms Jennifer Welsh; acting, no application required.</p>	<p>Registered Manager: Mrs Debbie Gillespie</p> <p>Date registered: Acting, Registration pending</p>
<p>Person in charge at the time of inspection: Senior Day Care Worker. Mrs Debbie Gillespie attended from 11.30am</p>	
<p>Brief description of the accommodation/how the service operates:</p> <p>Wilson House Resource Centre is a Day Care Setting with 50 places that provides care and day time activities for people living with a disability, a social or health vulnerability, including those with dementia.</p>	

2.0 Inspection summary

An announced inspection took place on 7 September 2021, from 10:15am to 2:45pm by the care inspector.

This inspection focused on the Northern Ireland Social Care Council (NISCC) registrations and/or the Nursing and Midwifery Council (NMC) as appropriate, adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring and Covid-19 guidance.

An area requiring improvement was identified with regard to the review of incidents.

Good practice was identified in relation to staff training and the monitoring of care staffs' registrations with the NISCC and/or the NMC. Good practice was also found in relation to system in place for disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

The findings of this report will provide the registered individual and the manager with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the service was 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.

Prior to inspection we reviewed the information held by RQIA about this day care setting. This included the previous inspection report and any written and verbal communication received since the previous care inspection.

The inspection focused on reviewing a range of relevant documents, policies and procedures relating to the day care setting's governance and management arrangements. This included reviewing how care staffs' registrations with the NISCC and/or the NMC were monitored.

We discussed any complaints and incidents during the inspection with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of services in the day care setting. This included service user/relative questionnaires and a staff poster. Eight service users/relatives responses were received within the timescale requested; they indicated that they were very satisfied with the care and support provided. Comments received included:

- "Very well run, very considerate staff. Very clean."
- "Day care staff are amazing, nothing is too much bother; they are always there to talk or listen."
- "Service and care is excellent."
- "Manager is great."

There were no responses to the electronic survey.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with 14 service users and nine staff. We observed a number of service users being supported by staff to participate in a range of activities. Service users appeared relaxed and comfortable in the environment.

The information provided by service users and staff during the inspection indicated that there were no concerns in relation to the day care setting.

Comments received during inspection process included:

Staff comments:

- “All good, no issues or concerns.”
- “I am 20 years working in the service, I love it.”
- “It is a relaxed and calm atmosphere.”
- “Training is good.”

Service users’ comments:

- “All great, I love it.”
- “The staff are wonderful.”
- “I love coming here.”
- “Staff are very good, I love it.”
- “I couldn’t do without it.”

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

The last inspection to Wilson House Resource Centre was undertaken on 2 May 2019 by a care inspector; no areas for improvement were identified.

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 Department of Health’s (DoH) 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 and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

It was confirmed by the manager that care staff are required to complete adult safeguarding training during their induction programme and required updates thereafter. However it was identified from discussions with the manager that ancillary staff including bus drivers and domestic staff had not completed safeguarding training. It was noted that training is planned for November 2021; this will be reviewed at the next inspection.

Staff spoken with indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could 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 has a system for retaining a record of referrals made in relation to adult safeguarding matters. Records viewed and discussions with the manager indicated that a small number of adult safeguarding referrals have been made since the last inspection. We noted that adult safeguarding matters are reviewed as part of the quality monitoring process.

The day care setting has provided service users and their relatives with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

Staff advised that there was enough staff to ensure the safety of the people who used the service. Observation of the delivery of care at the time of inspection and discussion with staff evidenced that service users' needs were effectively met by the number of staff on duty.

Incidents and accidents were recorded on an electronic system which is reviewed and audited by the manager, and the NHSCT's governance department. There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Staff were provided with training appropriate to the requirements of their roles. This included DoLS training. Staff demonstrated that they had an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

There are arrangements in place to ensure that service users who require high levels of supervision or monitoring and restriction have had their capacity considered and where appropriate assessed.

Where a service user is experiencing a deprivation of liberty, the care records contain details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative. It was identified that the DoLS assessment for one service user was required to be reviewed and updated; the manager described the steps taken to have this completed.

On entering the day care setting the inspector's contact tracing details were obtained by the senior day care worker who advised that this is completed for all persons entering the day care setting in line with current Covid-19 guidelines.

The environment was observed during the inspection and there was evidence of infection Prevention and Control (IPC) measures in place such as Personal Protective Equipment (PPE) which was available for staff. Other IPC measures were in place, which included seven step hand hygiene guidance notices being positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins.

There were numerous laminated posters displayed throughout the day care setting to remind staff of good hand washing procedures and the correct method for donning and doffing PPE.

Observations of the environment concluded that it was fresh smelling and clean throughout. There was a good supply of PPE throughout the service. Rooms were spacious and it was noted that social distancing guidelines were being adhered to. We discussed with the manager the floor coverings in two areas with regards to IPC matters, it was noted that these areas are not currently in use and that the carpets are due to be replaced. Staff discussed how they had adapted activities during the pandemic to reduce the risk of transmission of the virus.

There was a good system in place to share information relating to Covid-19 and IPC practices. Staff were observed adhering to guidance and were knowledgeable about IPC during discussions.

5.2.2 Are their robust systems in place for staff recruitment?

The review of the day care setting's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members' commenced employment and had direct engagement with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of records confirmed all staff working in the day care setting were currently registered with NISCC or the NMC. Information regarding registration details and renewal dates was monitored by the manager; this system was reviewed and found to be in compliance with regulations and minimum standards.

The manager confirmed that all staff are aware that they are not permitted to work if their professional registration lapses. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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

Discussions with staff and review of service user 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 day care staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff were also implementing the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

It was noted that a number of service users have been assessed by SALT in relation to dysphagia needs and specific recommendations made with regard to their individual needs in respect of food and fluids. Staff spoken with demonstrated a good knowledge of service users' wishes, preferences and assessed needs; and how to modify food and fluids. It was positive to note all staff including catering staff had undertaken dysphagia awareness training.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Quality monitoring visits had been undertaken by the area manager. A sample of reports viewed for April, May, June, July and August 2021 provided evidence that the monitoring process included engagement with service users and staff. We discussed with the manager the benefits of speaking to service users' relatives to obtain their views on the service provided.

The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements.

However on reviewing the information in conjunction with the incident reports it was identified that the quality monitoring reports did not accurately record the review of all the incidents that had occurred. We discussed with the manager the value of reviewing incidents with regard to identifying trends. An area for improvement was identified.

There is a process for recording complaints in accordance with the day care setting's policy and procedures. It was noted that the complaints had been managed in accordance with the day care setting's policy and procedures and regional guidance.

Discussion with staff confirmed that they knew how to receive and deal with complaints and the process for ensuring the information was forwarded to the manager.

There was a system in place to ensure that staff received supervision and appraisal in accordance with the day care settings policies and procedures.

It was established during discussions with the manager that the day care setting had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).

6.0 Conclusion

Based on the inspection findings and discussions held with the manager, staff and service users, 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.

An area requiring improvement was identified with regard to the review of incidents as part of the quality monitoring process.

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

7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	1

An area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Mrs Debbie Gillespie, manager, as part of the inspection process. The timescales commence from the date of inspection.

An Area for improvement has been identified where action is required to ensure compliance with The Day Care Settings Minimum Standards, 2012.

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Standard 17.10</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that incident/accidents occurring in the service are reviewed as part of the monthly quality monitoring process and an accurate record retained.</p> <p>Ref: 5.2.4</p>
	<p>Response by registered person detailing the actions taken: The Area Manager will continue to complete the monthly quality monitoring process. The Area Manager will review incidents and accidents monthly and record this accurately in the monthly monitoring reports.</p>

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



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