

Inspection Report

Name of Service: Wilson House Resource Centre

Provider: Northern Health and Social Care Trust

Date of Inspection: 19 December 2024

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

1.0 Service information

Organisation/Registered Provider:	Northern Health and Social Care Trust (NHSCT)
Responsible Individual/Responsible Person(s):	Ms. Jennifer Welsh
Registered Manager:	Ms. Cheryl Donaldson
Service Profile – Wilson House Resource Centre is a day care setting situated in the village of Broughshane. It is operated by NHSCT and registered for 50 places. Wilson House provides care and day time activities for people living with physical disability, learning disability or a social or health vulnerability, including those with dementia.	

2.0 Inspection summary

An unannounced inspection took place on 19 December 2024, between 10.30 a.m. and 3.35 p.m. by a care inspector. It was facilitated by the manager.

The inspection was undertaken to evidence how the day care setting is performing in relation to the regulations and standards; and to determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to service users and that the service was well led. Details and examples of the inspection findings can be found in the main body of the report.

Service users said that they enjoyed coming to the day care setting. Refer to Section 3.2 for more details.

It was evident that staff promoted the independence and well-being of service users and were knowledgeable and well trained to deliver safe and effective care.

As a result of this inspection two areas for improvement from the previous care inspection on 13 June 2023 were assessed as having been addressed by the provider. One area for improvement identified at this inspection was assessed as not met and is stated for the second time. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

We wish to thank the manager, service users, a relative and staff for their support and cooperation during the inspection

3.0 The inspection

3.1 How we Inspect

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

To prepare for this inspection we reviewed information held by RQIA about Wilson House. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

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 Safeguards (DoLS) and Dysphagia management were also reviewed.

3.2 What people told us about the service and their quality of life

Throughout the inspection the RQIA inspector will seek to speak with service users, their relatives or visitors and staff for their opinions on the quality of the care and support, their experiences of attending, visiting or working in this day care setting.

Service users spoke positively about their experience of attending the day care setting; they said they enjoyed attending Wilson House and that the staff were well trained. Observations of staff interacting with service users were noted to be person centred and supportive. Comments included: "I wish I could come here at the weekends."

The relative of one service user described the positive impact that attending Wilson House had had for their relative; they stated, "My xxxx is safe and secure here".

Staff spoke very positively in regard to the care delivery in the day care setting. One told us that they loved working there and they had no concerns about the care. Staff indicated that they were well supported by the manager and that the training provided was of a good standard. Comments included: "I'm proud of my job".

The information provided indicated that they had no concerns in relation to the day care setting.

No questionnaires were returned and there were no responses to the electronic survey.

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

The last care inspection of the day care setting was undertaken on 13 June 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

3.4 Inspection findings

3.4.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users.

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

However, it was noted that no AccessNI check had been conducted in respect of an identified hairdresser who attends the setting on a weekly basis. RQIA requested a risk management strategy be implemented to ensure that the hairdresser was accompanied by a member of staff from Wilson House until a satisfactory AccessNI check was received. This has been identified as an area for improvement.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or 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.

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 a robust, structured, induction programme 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.

There were no volunteers deployed within the day care setting.

The day care setting had maintained a record for each member of staff of all training, including induction and professional development activities undertaken. A review of training records evidenced that staff had completed appropriate training to meet the needs of service users.

Staff meetings were facilitated on a regular basis and a record of the matters discussed was retained.

Staff commented on the good team work and how staff help each other. There was evidence of effective systems in place to manage staffing.

3.4.2 Care Delivery

Service users told us they were happy with the care and support offered by Wilson House. They were also complimentary of the transport and the food on offer.

Service users also 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.

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. Some matters discussed included arrangements for visitors, cold and flu season and charity donations.

3.4.3 Management of Care Records

From reviewing service users' care records and through discussions with service users, 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.

A review of care records identified that moving and handling risk assessments and care plans were up to date.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, their care records contained details of Deprivation of Liberty (DoLs) assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

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.

A number of service users were assessed by Speech and Language Therapist (SALT) with recommendations for their food and fluids to be of a specific consistency. These were recorded within care plans along with associated SALT dietary requirements.

3.4.4 Quality and Management of the Environment

The day care setting was observed to be clean, warm, comfortable and free of clutter. It had been well decorated with Christmas decorations for service users to enjoy.

It was evident that some work to upgrade the day care setting environment was ongoing; the floor in a toilet area was being replaced on the day of inspection. However, it was noted that the cover panel on a cupboard in a room used by service users was peeling away and protruding – this had the potential to cause injury. This has been identified as an area for improvement.

An area for improvement had been identified at the previous inspection on 12 June 2023 in relation to work required to the garden area to make it safe for service users to access and use. This area for improvement was identified as not met for a second time.

Records examined identified that a number of safety checks and audits had been undertaken including fire alarm tests. It was noted that the last full evacuation drill was undertaken on 20 May 2024.

Fire risk assessments for the setting were available for the inspection and had been completed on 3 July 2024. All staff had completed fire training. During the inspection fire exits were observed to be clear of clutter and obstructions.

It was identified that a wheelchair was retained in the day care setting for use in the event of an emergency. Servicing records for this wheelchair were not available. This has been identified as an area for improvement.

3.4.5 Quality of Management Systems

Ms. Cheryl Donaldson has been acting manager with Wilson House since 25 April 2024. Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

Monthly quality monitoring reports had not been consistently completed within the day care setting during the months previous to the inspection. This has been identified as an area for improvement.

A review of the available monthly monitoring reports 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.

The manager advised there had been no disclosures under the day care setting's Whistleblowing procedures.

The Annual Quality Report was reviewed and was satisfactory.

RQIA had been notified appropriately of any incidents within the day care setting in keeping with the regulations. Incidents had been managed appropriately. No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

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

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 were received since the last inspection, these were appropriately managed.

There was a system in place for managing instances where a service user did not attend the day centre as planned. This included a system for signing in and out the service users who attend. It was positive to note there was also a system in place for an identified person to check the vehicle at the end of each journey to ensure that no service users remained on the transport.

We discussed the acting management arrangements within Wilson House; RQIA will keep this matter under review.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	3*	2

* the total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms. Cheryl Donaldson (Manager), as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 26(2)(b) Stated: Second time To be completed by: Immediate and ongoing from the date of inspection	The Registered Person shall ensure external areas used by service users are kept in a good state of repair. This refers specifically to the identified garden area. It should be made safe and accessible for all service users including those with mobility needs. Ref: 3.4.4
	Response by registered person detailing the actions taken: The registered manager has escalated this to Estates Services for action and will ensure that the garden area is safe and accessible for all Service Users.
Area for improvement 2 Ref: Regulation 21 (1)(b) (2)(b) (3)(d) Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that AccessNI pre-employment checks are satisfactorily carried out for all staff before they commence work within the day care setting. This refers to the hairdresser. Ref: 3.4.1
	Response by registered person detailing the actions taken: Access NI Enhanced application has been completed.
Area for improvement 3 Ref: Regulation 26(c) Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure equipment provided in the day care setting for use by service users is properly maintained in accordance with the manufacturer's guidance. This refers specifically to the wheelchair held for emergencies. Ref: 3.4.4
	Response by registered provider detailing the actions taken: A maintenance review of all wheelchairs held within the day centre has been requested.

Action required to ensure compliance with The Day Care Settings Minimum Standards August 2012	
Area for improvement 1 Ref: Standard 25.7 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The Registered Person shall ensure the premises are kept safe, suitable and well maintained. This refers the identified cupboard area. Ref: 3.4.4
	Response by registered person detailing the actions taken: A replacement vanity unit to include sink and lockable double cupboard has been approved and will be installed by Estate Services.
Area for improvement 2 Ref: Standard 17.10 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The Registered Person shall complete a quality monitoring report on a monthly basis. Ref: 3.4.5
	Response by registered person detailing the actions taken: Quality monitoring reports will be completed on a monthly basis.



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