

Inspection Report

13 June 2023



Wilson House Resource Centre

Type of service: Day Care Setting
Address: 17 Raceview Road, Broughshane, Ballymena, BT42 4JL
Telephone number: 028 2586 3820

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Northern Health and Social Care Trust	Registered Manager: Ms Colette O'Neill
Responsible Individual: Ms Jennifer Welsh	Date registered: Acting
Person in charge at the time of inspection: Ms Colette O'Neill	
Brief description of the accommodation/how the service operates: Wilson House Resource Centre is a ground floor Trust run day care setting in the town of Broughshane 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.	

2.0 Inspection summary

An unannounced inspection was undertaken on 13 June 2023 between 10.00 a.m. and 4.30 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency'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), Service user involvement, Restrictive practices, Dysphagia management and Covid-19 guidance was also reviewed.

Two identified areas for improvement related to staff induction records and an outstanding action in respect of the fire risk assessment. One Area for improvement previously identified in relation to fitness of the exterior of the premises has been stated for the second time.

Good practice was identified in relation to service user involvement. Staff we spoke with demonstrated strong caring values and a desire to provide service users with personalised care. Staff were familiar with the choices and preferences of individual service users and expressed a commitment to providing care in keeping with service users' care and support plans.

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.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, 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 services, 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.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, we want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community.

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

4.0 What did people tell us about the service?

During the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:



- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

Returned questionnaires indicated that the majority of service users felt the day care setting was providing safe, effective and compassionate care; and that the service was well-led. One service user indicated dissatisfaction in relation to aspects of safety, compassion and leadership. This was discussed with the manager following the inspection, for follow up.

Written comments included:

- “I love coming to the centre for social interaction. I really look forward to it every week and have made good friends.”
- “The dinners here at Wilson House are lovely and have different choices every week.”
- “When I’m stressed, attending the day centre helps me to get out of that way of thinking.”
- “Staff are friendly and helpful.”

We met with a number of service users during the inspection. Service users indicated that they were happy with the care and support provided and were observed to be relaxed and comfortable in their interactions with staff.

Staff met with indicated that they had no concerns in relation to the day care setting.

Comments received included:

- “All my training is up to date.”
- “I have no concerns at all, the service users are well looked after here.”
- “I’m aware of my safeguarding responsibilities and whistleblowing.”

Eight staff questionnaires were returned prior to the issue of this report. Staff responses indicated that they felt the service provided was safe, effective and that service users were treated with compassion and the service was generally well led. One staff indicated dissatisfaction in relation to the leadership and management of the service. This was discussed with the manager following the inspection, for follow up as appropriate. One staff questionnaire included a comment as follows:

- “I am very happy working in the Day Centre. I feel as a staff member I have good support. I feel that the service users’ needs are meet to a high standard.”

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 care inspection of the day care setting was undertaken on 4 August 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 4 August 2022		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 26(2)(b) Stated: First time	<p>External areas used by service users must be kept in a good state of repair. The Registered Person shall ensure:</p> <ul style="list-style-type: none"> a) the identified uneven concrete entrance / path areas of Wilson House Resource Centre are made safe for service users in attempts to prevent future trips and falls. b) The identified garden areas are made safe and are accessible for all service users including those with mobility needs. This includes the removal of moss and weeds (Standard 25.5). 	Partially met
	<p>Action taken as confirmed during the inspection: There was evidence that a patch of tarmac had been laid at the entrance/path area, however the surface remained uneven. The hard surfaces around the courtyard garden area remained uneven and the manager advised that this area has been closed off to service users. The manager informed us that this work had been escalated to estates services and is on a waiting list for completion. This area for improvement has been stated for the second time.</p>	
Action required to ensure compliance with the Day Care Settings Minimum Standards (revised), 2021		Validation of compliance
Area for Improvement 1 Ref: Standard 5.3 Stated: First time	<p>Service user's care plans are signed and dated by the service user, the member of staff responsible for completing it and the registered manager.</p>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement had been met.</p>	

Area for improvement 2 Ref: Standard 17.11 Stated: First time	The quality of services provided is evaluated on at least an annual basis and an Annual Quality Report completed. This should include qualitative information pertaining to all of the matters specified in Schedule 3 of The Day Care Setting Regulations (Northern Ireland) 2007.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement had been met.	
Area for improvement 3 Ref: Standard 25 Stated: First time	The flooring in the identified two offices occasionally used by service users should be replaced or made safe to avoid potential trips particularly for individuals with mobility needs.	Met
	Action taken as confirmed during the inspection: The flooring in the identified two offices was being replaced on the day of the inspection.	

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 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 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 the inspector 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 manager advised that there had been no concerns raised under the whistleblowing procedures.

Records had been retained of any referrals made to the HSC Trust in relation to adult safeguarding. No referrals had been made since the last inspection.

The manager was aware of the type of incidents which are required to be notified to RQIA.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the day care setting's mandatory training programme.

All relevant staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required a competency assessment would be undertaken before staff undertook this task.

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

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 the inspector 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 Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. A resource folder was available for staff to reference.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, this was included in the care plan.

The last Fire Risk Assessment report was dated 3 August 2022. While it is noted that the overall risk in the premises has been rated as 'tolerable', a number of the recommendations identified within the action plan of the report have not been confirmed as being addressed. An area for improvement has been identified.

Staff fire training was up to date. During the inspection fire exits were observed to be clear of clutter and obstructions.

5.2.2 What are the arrangements for promoting service user involvement?

Observations on the day of the inspection noted that activities were provided for service users appropriate to their needs and preferences. The service users' care plans contained details about the level of support they may require. The service delivered had also been regularly reviewed through a range of audits.

It was good to note that the day care setting had service user meetings on a regular basis which supported the service users to discuss what they wanted to achieve from attending the setting 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. This was disseminated to all of the service users, in a format which best met their communication needs.

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

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in dysphagia awareness, including how to respond to choking incidents.

Discussions with staff and 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.

We also noted documentation in relation to modified diets in place in the food preparation and dining areas.

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

We reviewed the systems in place for the recruitment of ancillary staff working in Wilson House Resource Centre.

The day care setting's recruitment records for ancillary staff were not available for review. The manager advised that ancillary staff (transport, catering and domestic) working in Wilson House Resource Centre were recruited and managed by other departments within the HSC Trust. Confirmation was received from the manager, following the inspection, that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified by the HSC Trust's human resources (HR) department before all staff members commenced employment and had direct engagement with service users.

Checks were made to ensure that care staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date. 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 no 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. Records were available to confirm that newly appointed staff had completed a corporate induction. Staff informed us that they had completed a structured induction programme, which included shadowing a more experienced staff member, however records were not available. An area for improvement has been identified in this regard.

The day care setting has maintained a record for each member of staff of all training 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.

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. No complaints had been received since the last inspection.

We discussed the acting management arrangements which have been ongoing since 12 June 2023; RQIA will keep this matter under review.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007 and Day Care Settings Minimum Standards, (revised), 2021.

	Regulations	Standards
Total number of Areas for Improvement	2*	1

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

The areas for improvement and details of the QIP were discussed with the 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 26 (4)(a)</p> <p>Stated: First time</p> <p>To be completed by: 14 August 2023</p>	<p>The Registered Manager shall ensure that the outstanding items listed on the action plan of the Fire Risk Assessment report are addressed to the satisfaction of the Fire Risk Assessor with particular attention to those rated as priority A and B.</p> <p>Confirmation of this should be forwarded to RQIA.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The fire exit lights are now working. The fire officer has reviewed the action plan dated the 3 .8.22 and the annual review was completed on the 13.7.23. Fire hose reels are marked do not use and are going to be removed by estate services, work commencing 3.8.23. The extinguisher at the main entrance requires a bracket. Estate services have confirmed the bracket has been ordered and will be fitted once it is delivered. The door opposite room 56 was marked fire exit, this is now removed. An urgent request has been made to the estates department to test portable appliances, this has been assigned to an appropriate estates officer and will be completed week beginning the 7th of August.</p>

<p>Area for Improvement 1</p> <p>Ref: Regulation 26(2)(b)</p> <p>Stated: Second time</p> <p>To be completed by: 31 December 2023</p>	<p>External areas used by service users must be kept in a good state of repair. The Registered Person shall ensure:</p> <ul style="list-style-type: none"> c) the identified uneven concrete entrance / path areas of Wilson House Resource Centre are made safe for service users in attempts to prevent future trips and falls. d) The identified garden areas are made safe and are accessible for all service users including those with mobility needs. This includes the removal of moss and weeds. <p>Ref: 5.1</p>
<p>Response by registered person detailing the actions taken:</p> <p>The identified uneven concrete entrance has been reported to estates and this work was completed on the 2nd of August 2023. Estates are due to meet with the gardening contractor and will stipulate the need to remove weeds, moss and seed grass around the pergola. Estate services are going to look at resurfacing this area. A date for this has to be agreed.</p>	
<p>Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The Registered Manager shall ensure that records are maintained to evidence that all newly appointed staff have completed a structured orientation and induction, in accordance with NISCC Induction Standards for social care staff.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken:</p> <p>The staff inductions and induction task plans have been reviewed and are now in place for any newly appointed staff.</p>

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Authority

The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA