

# Unannounced Care Inspection Report 14 November 2019



## Towerview Resource Centre

**Type of Service: Day Care Service**  
**Address: 60 Bristol Park, Newtownards, BT23 4RJ**  
**Tel No: 028 9181 7080**  
**Inspector: Jim McBride**

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

This is a Day Care Setting with 50 places, registered for the provision of care and day time activity programmes to people who have one or more of a range of health conditions, disabilities or impairments which necessitate this support.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> SEHSCT  <b>Responsible Individual:</b> Seamus Mc Goran	<b>Registered Manager:</b> Darren Bradshaw
<b>Person in charge at the time of inspection:</b> Darren Bradshaw	<b>Date of Manager Registration:</b> 05/03/2009
<b>Number of registered places:</b> 50	

### 4.0 Inspection summary

An unannounced inspection took place on the 14 November 2019 from 09.00 to 13.00.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012 and The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

As a public-sector body RQIA have 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 services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

Evidence of good practice was found in relation to staff training, infection prevention and control practices. Further areas of good practice were also noted in relation to communication between service users, staff and other key stakeholders, the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users. In addition, good practice was also observed in regard to governance arrangements, staff supervision and appraisal and maintaining good working relationships.

There was evidence identified throughout the inspection process that the day centre staff promote service users' human rights; this was evident in relation to the areas of consent, autonomy, equality, decision making, privacy, confidentiality and service user involvement.

#### Staff comments:

- "We have a good communicative team of staff."
- "A good manager with an open door policy to everyone."
- "Both training and supervision are good."
- "We all focus on outcomes for clients whilst promoting their human rights."

- “A good comprehensive induction is in place.”
- “The staff all support each other.”
- “We create a good friendly atmosphere for service users.”
- “We provide a good variety of activities from which service users can choose.”

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

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr D Bradshaw, as part of the inspection process and can be found in the main body of the report. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- The registration details of the day centre
- Information and correspondence received by RQIA since the last inspection
- Unannounced care inspection report dated 17 December 2018.

During the inspection, the inspector met with the manager and two day care workers. Introductions and exchange of pleasantries were made to all service users while walking around the setting. All service users were enjoying their lunch and naturally conversing with each other and staff.

Ten service user and/or relatives’ questionnaires were provided for distribution; seven service user/relatives questionnaires were returned to RQIA within the timeframe for inclusion in this report. All respondents indicated that they were very satisfied that the care being provided to service users was safe, effective, compassionate and well led.

Comments:

“Staff are all excellent at Towerview.”

At the request of the inspector, the manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received prior to the issuing of this report.

A range of documents relating to the service were reviewed during the inspection and are referred to within the body of the report.

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

## 6.0 The inspection

### 6.1 Inspection findings

#### 6.2 Is care safe?

##### **Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The inspector reviewed the day care setting's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place within the day centre.

Discussions with staff confirmed that they were satisfied that staffing levels were adequate to meet the needs of the service users when planned staffing levels were in place.

There were arrangements in place to ensure that staff were registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates were maintained and available to the inspector. It was confirmed that all staff are currently registered with NISCC.

An induction programme was available for newly appointed members of staff. A review of this induction programme noted that it was comprehensive and included areas such as privacy and dignity, confidentiality, risk management, complaints procedure, health and safety and adult safeguarding.

The setting's training record demonstrated that there was an ongoing programme of mandatory training for staff, relevant to their roles and responsibilities; this will assist in ensuring staff know how to keep service users safe. There was evidence that compliance with completing mandatory training was routinely monitored and any training now due for update was being followed up with the staff member. Staff training records concluded staff had completed mandatory and other training since the previous care inspection such as fire safety, adult safeguarding, epilepsy awareness, quality and human rights, swallowing awareness. It was good to note that a number of staff had completed Dols training on-line.

Observation of and discussion with staff evidenced that they were very knowledgeable regarding each service user and the support they required in order to promote their safety. In addition, discussions with staff evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users.

Discussion with the staff confirmed that there was a clear pathway in place relating to referring any safeguarding concerns to the appropriate professionals. This reflected staff awareness of their safeguarding roles and responsibilities and how they are supported to report concerns through existing management arrangements. This helps to ensure that appropriate and timely action is taken if service users' rights are at risk of being breached. The inspector advised the manager regarding the arrangements for the adult safeguarding position report which is due to be completed by 2020.

Discussions with the staff also confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response. They were aware of the organisation's whistleblowing policy if they could not resolve their concerns locally but indicated that they would be unlikely to need this due to the transparent working relationships that existed within the team.

An inspection of the environment was undertaken and confirmed that it was appropriately warm, had suitable lighting and furniture and no mal odour was noted. Discussion with the staff and observation of the environment confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users. It was good to note that a large bathroom had been tastefully refurbished since the previous inspection.

Infection prevention and control measures were in place, which included the availability of supplies of liquid soap and hand towels mounted on the walls.

The day centre's fire safety precaution records were reviewed. It was noted the last full evacuation drill was undertaken on 1 July 2019. Discussion with staff confirmed they were aware of the evacuation procedure. An updated fire risk assessment was completed on 1 July 2019 that no significant findings were highlighted. Fire exits were observed to be clear of clutter and obstruction. Records examined identified that a number of safety checks were undertaken including: fire safety drills to ensure service users can exit safely, fire extinguishers and weekly fire alarm tests.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the environment, infection prevention and control practices, staff training and induction.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

### 6.3 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

The inspector reviewed the day care setting's arrangements for appropriately responding to and meeting the needs of people who use the service.

Information relating to the nature and range of services provided was outlined in the Statement of Purpose (2019). Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

The inspector reviewed elements of six service users' care files. The review reflected there were assessments of needs, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant.

Care records also reflected the multi-professional input into the service users' health and social care needs. A record was kept of each service user's involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual.

The records viewed were signed, as appropriate, by the service users and/or their next of kin, evidencing consultation and agreement with arrangements in place.

There was evidence in care records reviewed that service users' rights were recognised.

The staff advised that service users typically had access to a care review on an annual basis or more frequently if required; involving their HSCT representatives. The care review records reviewed included positive feedback from service users and their representatives with regards to the day care service. The inspector noted some of the comments received from service users during their annual review:

- "The craft group has built my confidence."
- "I'm happy with my group."
- "I enjoy coming to the centre."
- "I really enjoy my time here."
- "The staff are approachable and friendly."

Staff who spoke with the inspector clearly demonstrated that they had the knowledge, skills and experience necessary to fulfil their roles and responsibilities. They were knowledgeable about the centre's philosophy of care, promotion of human rights and risk management. Staff described how they observe service users, noting any change in dependency or mood and proactively take appropriate measures to promote/ensure the safety and wellbeing of the service user.

Observation of service users' interactions with staff evidenced that service users were empowered to express their views routinely on a day to day basis.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between service users, staff and other key stakeholders.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.4 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected by the expression of staff attitudes towards service users and service delivery.

Discussion with staff found they were informed regarding the ethos of the day care setting which promoted choice and ensured service users had access to a friendly, caring and stimulating atmosphere. Staff also discussed how they support and encourage service users to remain active and independent in the setting by ensuring they are able to access activities that they can engage in and the space they use facilitates their independence.

Staff approaches and responses to service users were noted to be caring, cheerful and compassionate. Staff acknowledged that service users require varying degrees of support with their care needs, and that service users' independence should be promoted in a discreet manner. The inspector observed staff discreetly responding to service users who required such assistance in regards to mobilising safely, eating lunch and participating in activities. In addition, staff demonstrated awareness of their responsibilities and requirements to ensure service users' confidentiality and consent.

Service users were enabled and supported by staff to engage and participate in meaningful activities. The inspector discussed the provision of the comprehensive range of activities with staff.

In addition to daily informal discussions, the setting had in place robust systems that aimed to promote effective communication between service users and staff such as service user meetings, individual care review meetings and an annual service user's quality assurance survey.

The inspector noted some of the topics discussed during meetings with service users:

- Food
- Transport
- Renovation work



- New staff
- Outings

The manager also facilitated regular staff meetings and some of the topics discussed included:

- Service user updates
- NISCC
- Policies and procedures
- Reviews
- Rotas
- E learning
- Training

An observation of the lunch time meal confirmed that service users were given a choice in regards to food and fluid choices and the level of help and support requested. Staff treated service users with dignity and respect affording adequate time for service users to make decisions and choices and offered reassurance and assistance appropriately. This approach to communication supports the protection and promotion of individualised and person centred care and support for service users.

Service users are advised of what they can do if they are not happy with the service within the Statement of Purpose and Service User Guide. The Service User Guide also provides information regarding what service users should expect from the service, which promotes a rights based approach that empowers service users.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The inspector sought to assess the day centre’s leadership, management and governance arrangements to meet the assessed needs of service users.

There was a clear organisational structure and this information was outlined in the day care settings Statement of Purpose. Staff demonstrated awareness of their roles, responsibilities and accountability.

The registration certificate was up to date and displayed appropriately.

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff and were easily accessible within the day care setting. The following policies were noted to be in place and had been reviewed.

- Confidentiality
- Safeguarding
- Complaints
- Whistle blowing

A complaints and compliments record was maintained in the day centre. Review of the complaints record evidenced that no complaints had been recorded since the previous care inspection.

Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the manager was made aware of any complaints.

Discussions with staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included the availability of continuous training updates alongside supervision / appraisal processes, an open door policy for discussions with the management team and observation of staff practice. A review of a sample of records verified that staff received regular supervision sessions and annual appraisals.

The inspector discussed the monitoring arrangements in compliance with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken by the responsible person, who demonstrated a good understanding of the setting. Review of quality monitoring reports 2019 confirmed that quality monitoring visits are undertaken.

The inspector noted some of the comments made by service users, staff and others during quality monitoring visits:

**Service users:**

- “This is an opportunity to spend time with others.”
- “It’s just great at Towerview, I never miss a day.”
- “I enjoy the opportunity to contribute.”

**Staff:**

- “I find training useful.”
- “I enjoy the team ethos.”
- “My colleagues are very supportive.”

**Relatives:**

- “Towerview is a great service for disabled people.”
- “I’m happy with the centres services.”
- “Good communication from the staff team.”

**HSC Trust:**

- “Full professional cooperation from the manager and staff.”
- “Service users always comment on the enjoyment of activities on offer.”
- “The manager is proactive in his approach.”

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The staff confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition, it was confirmed that the day centre had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that day centre collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred care and support plan is developed.

Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Adult Safeguarding
- Equity of care and support
- Individualised person centred care
- Individualised risk assessment
- Disability awareness

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, staff supervision and appraisal, quality improvement and maintaining good working relationships.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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