

Inspection Report

17 August 2022



Towerview Resource Centre

Type of service: Day Care Setting
Address: 60 Bristol Park, Newtownards, BT23 4RJ
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: South Eastern HSC Trust	Registered Manager: Mr Darren Bradshaw
Responsible Individual: Ms Roisin Coulter	Date registered: 05 March 2009
Person in charge at the time of inspection: Mr Darren Bradshaw	
Brief description of the accommodation/how the service operates: This is a Day Care Setting located in Newtownards that provides 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.	

2.0 Inspection summary

An unannounced inspection was undertaken on 17 August 2022 between 10.00 a.m. and 16.00 p.m. The inspection was conducted by a care inspector and 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.

Areas for improvement identified related to incident reporting and the services quality monitoring process.

Good practice was identified in relation to service user involvement and staff recruitment and induction. There were good 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.

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 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.

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 did people tell us about the service?

During the inspection we spoke with a number of service users and staff members.

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

Comments received included:

Service users' comments:

- "I enjoy it."
- "I love coming here."
- "I am happy with everything; I would tell the staff if I had any concerns."
- "I enjoy the activities, I have no issues."
- "Food is good; we have a choice of what we want to eat."
- "Food is lovely."
- "Staff are good."

Staff comments:

- "Love working here, the manager is great."
- "Training is good."
- "We can raise concerns and the manager listens."
- "The service users are safe."
- "We are trying to reintroduce new activities; some of the service users' needs have increased."
- "No concerns, this is a great place to work."
- "Service users enjoy the centre."
- "Great to be back at the centre."
- "Good opportunities for career progression."

Returned questionnaires indicated that the respondents were satisfied with the care and support provided. Written comments included:

- “The care is very good.”

There were no responses to the electronic survey.

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 12 August 2021 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 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 day care setting retained records of any referrals made to the HSC Trust adult safeguarding team in relation to adult safeguarding matters identified. A review of records confirmed that no referrals had been made since the last inspection.

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.

Records viewed and discussions with the manager indicated that incidents had been managed appropriately. However it was identified that RQIA had not been notified appropriately of a number of incidents that had occurred within the day care setting. RQIA requested that this information be submitted retrospectively. An area for improvement has been identified.

Staff were provided with training appropriate to the requirements of their role. The manager reported that none of the service users currently required the use of specialised 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.

All relevant staff had been provided with training in relation to medicines management. A review of the policy relating to medicines management identified that it included direction for staff in relation to administering liquid medicines. If an oral syringe was used to administer medicine to a service user, this was clearly noted in the daily care records and competency assessments were in place.

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 MCA.

Staff had completed appropriate DoLS training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS.

5.2.2 What are the arrangements for promoting service user involvement?

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.

It was also positive to note that staff meet with service users on a regular basis to facilitate them in making choices with regard to what they want to achieve from attending the day centre and any activities they would like to become involved in. Some matters discussed included:

- Outings
- Activities

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 the modification of food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). 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 and in relation to 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.

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 are completed in conjunction with the organisation's Human Resources (HR) department, including criminal record checks (AccessNI), were completed before staff commenced employment and had direct engagement with service users.

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

There were currently 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 a robust, structured, three day 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.

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 in accordance with the regulations.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken. The records included the names and signatures of those attending the training event, the dates of the training. We discussed with the manager the need to ensure that the training matrix is updated to ensure it accurately reflects training completed by all staff. This will be reviewed at the next inspection.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. The manager was advised to discuss the post registration training requirement with staff to ensure that all staff are compliant with the requirements.

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

There were monthly monitoring arrangements in place in accordance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. However it was noted that visits had not been completed monthly as required. A review of the reports of the day care setting's monthly quality monitoring established that there was engagement with service users, service and staff. It was identified that the reports lacked detail of matters reviewed. An area for improvement has been identified.

The Annual Quality Report was reviewed and was satisfactory.

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 were received since the last inspection, these were appropriately managed and were reviewed as part of the day care setting's monthly quality monitoring process.

The Statement of Purpose required updating with RQIA's contact details and those of the Patient Client Council and the Northern Ireland Public Ombudsman's Office. The manager was also signposted to Part 2 of the Minimum Standards, to ensure the Statement of Purpose included all the relevant information. The manager agreed to submit the revised Statement of Purpose to RQIA within two weeks of the inspection.

6.0 Conclusion

Based on the inspection findings, two areas for improvement were identified. Despite this, RQIA was satisfied that this day care setting was providing services in a safe, effective, caring and compassionate manner and the service was well led by the manager.

7.0 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	1	1

Areas for improvement and details of the QIP were discussed with Mr Darren Bradshaw, Registered 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 28.- (2)(3)(4)(c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing since the date of inspection</p>	<p>The registered person shall ensure</p> <p>(2) Where the registered provider is an organisation or partnership, the day care setting shall be visited in accordance with this regulation by— (a) the responsible individual or one of the partners, as the case may be; (b) a director or other person responsible for the management of the organisation or partnership; or (c) an employee of the organisation or the partnership who is not directly concerned with the conduct of the day care setting.</p> <p>(3) Visits under paragraph (1) or (2) shall take place at least once a month or as agreed with the Regulation and Improvement Authority and may be unannounced.</p> <p>(4) The person carrying out the visit shall-</p> <p>(c) prepare a written report on the conduct of the day care setting.</p> <p>Ref: 5.2.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The South Eastern H&SC Trust will continue to organise monthly monitoring for the service in accordance with Regulation 28 of the Day Care Setting Regulations (Northern Ireland) 2007. Experienced managers undertake these monthly monitoring visits and will ensure they include details of the areas reviewed on the report and also that the visits are completed in line with the agreed timeframes.</p>
Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021	
<p>Area for improvement 1</p> <p>Ref: Standard 17.4</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 all accidents, incidents and communicable diseases occurring in the centre are reported to RQIA and other relevant organisations, in accordance with legislation and procedure.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The South Eastern H&SC Trust has now reported all incidents occurring in the day centre to the RQIA. The South Eastern H&SC Trust will ensure that all future accidents, incidents and communicable diseases occurring in the centre will be reported to RQIA in accordance with the legislation and procedure.</p>

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