

Inspection Report

28 July 2023



Towerview Resource Centre

Type of service: Day Care Setting
Address: 60 Bristol Park, Newtownards, BT23 4RJ
Telephone number: 028 9181 7080

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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: 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 28 July 2023 between 9.45 a.m. and 3.45 p.m. The inspection was conducted by a care inspector.

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), Service user involvement, Restrictive practices and Dysphagia management was also reviewed.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

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

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.

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, relatives 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:

- "Great, I love it."
- "The staff are great and the food is great."
- "Lovely place."
- "No complaints, I enjoy getting out of the house."
- "Staff are very supportive."

We observed a number of service users being supported by staff to engage in a range of activities of their choice; they appeared relaxed and comfortable.

Staff comments:

- "Love working here, we could do more if we had more staff."
- "Love my job, all about the service user."
- "It is knowing the service users and what they like doing and what they are capable of."
- "No issues, we can raise concerns."
- "I feel supported, I can report issues to the manager."
- "Nice place to work."

No questionnaires were returned. 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 17 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 17 August 2022		Validation of compliance
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<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>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed that quality monitoring visits had been completed and a report formulated.</p>	

Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021		Validation of compliance
Area for improvement 1 Ref: Standard 17.4 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	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. Ref: 5.2.1 Action taken as confirmed during the inspection: Inspector confirmed that a robust system has been implemented for managing incidents and RQIA have been notified as required.	Met

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.

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.

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.

From records viewed and discussions with the manager it was noted that no referrals have been made in relation to adult safeguarding.

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 manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

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.

All staff had been provided with training in relation to medicines management. If an oral syringe was used to administer medicine to a service user, this was clearly noted in the daily care records and staff training and competency assessments had been completed.

It was noted that a Fire Safety risk assessment of the day care setting had been completed in August 2021 and actions addressed. Fire safety checks had been completed and a record retained. The manager advised that an updated assessment was due to be completed in August 2023. Staff had completed required Fire safety training and had participated in a Fire Drill.

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.

The day care setting was found to be warm, fresh smelling and clean throughout. There were no obvious hazards to the health and safety of service users, visitors or staff. Fire exits were observed to be clear and free from obstruction.

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.

It was also positive to note that the day care setting had a service user form on a bi-monthly 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:

- Meals
- Activities

Some service users' comments included:

- "Yes I like all the staff."
- "I like the Boccia."
- "Would like more entertainment from outside people."

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 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, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. 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 by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date. A spot check completed during the inspection indicated that staff were appropriately registered.

It was noted that ancillary staff had completed Adult Safeguarding training and that AccessNI checks had been completed prior to employment.

There were no volunteers within 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 structured induction programme lasting at least three days 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 line with the regulations.

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. Comments included:

- "The manager has been extremely good to my mother."
- "I just love it here; I have many friends."
- "Great lunch."
- "Staff supportive."
- "I have found my niche; I love working here."

The reports included details of a review of service user care records; accident/incidents; safeguarding matters. We discussed with the manager the recently updated report proforma issued by RQIA; they advised that this would be used for to record the details of future monitoring visits.

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. 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 update the Statement of Purpose and inform RQIA within two weeks of the inspection.

The manager advised that staff check the buses to ensure that all service users have been supported into the centre. The manager agreed to implement a system for recording this on a daily basis.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Darren Bradshaw, Registered Manager, as part of the inspection process and can be found in the main body of the report.



The **Regulation** and
Quality Improvement
Authority

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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care

