

# Inspection Report

26 May 2023



## Ravara Training and Resource Centre

**Type of Service: Day Care Setting**

**Address: 14 Ravara Gardens, Kilcooley Estate, Bangor,  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> South Eastern HSC Trust	<b>Registered Manager:</b> Ms Sonia Byrne
<b>Responsible Individual:</b> Ms Roisin Coulter	<b>Date registered:</b> 08 August 2016
<b>Person in charge at the time of inspection:</b> Ms Sonia Byrne	
<b>Brief description of the accommodation/how the service operates:</b>  Ravara Training and Resource Centre is a Day Care Setting which provides day care for up to 66 service users. The day care setting provides care, support and day time activities for adults who are living with a learning disability who may also have a physical disability, sensory disability, autism, mental health needs and/or dementia.	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 26 May 2023 between 9.15 a.m. and 3.50 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, Dysphagia management and Covid-19 guidance was also reviewed.

Evidence of good practice was found in relation to communication between service users, their relatives and day care setting staff and other key stakeholders and the management of dysphagia.

Areas for improvement identified related to Fire Safety and the Quality Monitoring report.

The findings of this report will provide the management team with the necessary information to improve the quality of service provision.

We wish to thank the manager, staff, service users and relatives for their support and co-operation 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.

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 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:**

- "Good, staff good."
- "Nice, like it."
- "Happy."
- "Would like to get out more. We used to get out but now not as much."

#### **Service users' relatives' comments:**

- "It is good and staff are good."

- “My daughter enjoys it.”
- “I have no issues; I would raise them. It is very open and I just say what I feel.”
- “I am involved in the carers forum.”
- “My daughter is well looked after and I feel she is safe here.”

#### **Staff comments:**

- “Staffing has been difficult; staff help out or we get agency.”
- “New staff coming and some staff left.”
- “Wish we could get out more with service users.”
- “The service users are well looked after.”

The manager discussed the recent issues with regard to staffing; she advised that staff have on occasions been accessed from one of the organisation's other day care settings and agencies to ensure that the needs of the service users are met. She advised that a number of new staff have already commenced or are due to commence employment.

During the inspection we provided a number of easy read questionnaires for service users to complete and share their views in regard to 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?

No questionnaires were returned.

There were five responses to the electronic survey received from staff; comments made were discussed with a senior manager within the organisation. RQIA requested that the matters highlighted be reviewed and a written response provided. RQIA will keep this matter under review.

## 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 21 July 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.

Areas for improvement from the last inspection on 21 July 2022		
Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21  <b>Stated:</b> First time	The registered person shall ensure that staff are trained for their roles and responsibilities.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that staff had completed required training.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 5.6  <b>Stated:</b> First time	The registered person shall ensure that the care plan is up to date and reflects the service user's current needs	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that individual service users' care plans were up to date and reflected the service user's current needs.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 17.10  <b>Stated:</b> First time	The registered person monitors the quality of services in accordance with the day care setting's written procedures, and completes a monitoring report on a monthly basis. This report summarises any views of service users ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.	<b>Partially Met</b>
	This relates specifically to the quality monitoring report being enhanced to include additional areas reviewed such as adult	

	safeguarding, NISCC registrations, DoLS, staff training and complaints.	
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Inspector confirmed that the quality monitoring report format had been further developed, however reports viewed lacked detail of the matters reviewed.</p> <p>This area for improvement was assessed as partially met and will be stated for a second time.</p>	

## 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 Health and Social Care (HSC) Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Relatives said they had no concerns regarding the safety of service users; they described how they could speak to staff if they had any concerns about safety or the care being provided.

RQIA had been notified appropriately of any incidents that are required to be reported. Incidents had been managed appropriately.

Staff were provided with Moving and Handling 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. A review of records confirmed that where the day care setting was unable to provide training in the use of specialised equipment, this was identified by the day care setting before care delivery commenced and training was requested from the HSC Trust.

A review of care records identified that moving and handling risk assessments and care plans were up to date. Where a service user required the use of more than one piece of specialised equipment, direction on the use of each was included in the care plan. Daily records completed by staff noted the type of equipment used on each occasion.

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. The manager advised that no service users required their medicine to be administered by care staff with a syringe. The manager was aware that should this be required; a competency assessment would be undertaken before staff undertook this task. There is a registered nurse present in the day care setting to manage enteral feeding; a number of staff have completed competency assessments in regard to supporting service users with enteral feeding.

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; it was noted that all staff are in the process of completing a training update. The manager reported that none of the service users were subject to DoLS. 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.

A review of the day care setting's environment was undertaken and 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 of clutter and obstruction. The manager described ongoing work being completed to update a number of areas within the day care setting.

It was noted that a Fire risk assessment had been completed in June 2021 and measures taken to address actions required. Staff had completed required Fire Safety training and fire drills. However, it was identified that there were a number of gaps in the fire safety checks records. This was discussed with the manager and a senior manager within the organisation. An area for improvement has been identified.



### 5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users and relatives, 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 service 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 the day care setting had recently recommenced service user/carers forum meetings to enable the service users/relatives to discuss what they wanted from attending the day care setting.

The day care setting had completed an annual review in relation to their practice which incorporated service user and their representatives' feedback.

### 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. Spot checks completed during the inspection indicated that staff were appropriately registered. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.



There was one individual volunteering within the day care setting. The organisation had a policy and procedure for volunteers which clearly specified their role and responsibilities. The manager confirmed that the volunteer did not undertake any personal care duties and that an AccessNI check had been completed. It was noted that the volunteer had completed adult safeguarding training.

#### **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 evidence of a structured, induction programme lasting 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.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities 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. There was evidence engagement with service users, service users' relatives and staff. However, a review of the reports of the day care setting's monthly quality monitoring established that the information recorded lacked detail of the matters reviewed. An area for improvement included in the previous QIP was assessed as partially met and has been stated for a second time.

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. From records viewed it was noted that no complaints were received since the last inspection.

The Statement of Purpose and Service User Guide required to be updated to include RQIA's contact details. The manager agreed to update these documents following the inspection.

## 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 Settings Minimum Standards, (revised), 2021.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	2*

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

The areas for improvement and details of the QIP were discussed with Ms Sonia Byrne, 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 Settings Minimum Standards August (revised) 2021	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 17.10  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate and ongoing from the date of inspection	The registered person monitors the quality of services in accordance with the day care setting's written procedures, and completes a monitoring report on a monthly basis. This report summarises any views of service users ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.
	This relates specifically to the quality monitoring report being enhanced to include additional areas reviewed such as adult safeguarding, NISCC registrations, DoLS, staff training and complaints. The report should provide a detailed account of the matters reviewed.  Ref: 5.1 & 5.2.6
	<b>Response by registered person detailing the actions taken:</b> The day services lead, monitoring officer and day centre manager reviewed the format of the existing monitoring template following the inspection and have made amendments. The amended template is based on the most recent RQIA template for day care and includes the areas highlighted above to ensure compliance with minimum standards. The monitoring officer and day service lead will meet monthly to review and audit the quality of monitoring reports. The monitoring officer will attend day centre manager meetings to highlight any

	issues arising in monitoring. The monitoring checklist which is completed by managers prior to the monthly monitoring visit will be attached to all monthly monitoring reports
<b>Area for improvement 2</b> <b>Ref:</b> Standard 28 <b>Stated:</b> First time <b>To be completed by:</b> Immediate and ongoing from the date of inspection	<p>The registered person shall ensure that fire safety precautions are in place that reduce the risk of fire and protect service users, staff and visitors in the event of a fire.</p> <p>This relates specifically to required fire safety checks.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>          New Fire file created to include new fire documentation          Fire Evacuation Drill took place Monday 17<sup>th</sup> July          Staff advised of the importance of ensuring fire safety checks are completed weekly and appropriate documentation of drill and any errors/issues to be reported immediately. Fire safety to be regular agenda item for all staff meetings</p>

***\*Please ensure this document is completed in full and returned via Web Portal\****



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