

Inspection Report

21 July 2022



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

Organisation/Registered Provider: South Eastern HSC Trust	Registered Manager: Ms Sonia Byrne
Responsible Individual: Ms Roisin Coulter	Date registered: 08/08/2016
Person in charge at the time of inspection: Day Care Worker Band 5	
Brief description of the accommodation/how the service operates: Ravara Training and Resource Centre is a Day Care Setting which provides day care for up to 82 service users. The centre is currently working with reduced numbers due to Covid guidance. 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 21 July 2022 11.00 a.m. and 3.30 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 and Covid-19 guidance was also reviewed.

Three areas for improvement identified related to staff training, care planning and monthly quality monitoring reports.

Good practice was identified in relation to service user engagement, management of complaints and staff induction.

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 for service users and an electronic survey for staff.

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.

Comments received included:

Service users' comments:

- "Nice."
- "It is good."
- "We were out for our lunch."
- "I like it here."
- "Staff good."

Staff comments:

- "No problems, I enjoy working in the centre."
- "The manager is supportive."
- "We are here for the service users."

- “Glad things are getting back to normal.”
- “The service users are well looked after here, they can do what they want.”
- “Always looking for new activities.”

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:

😊 Yes ☹ No

- Do you feel safe when you are at the Centre?
- Does your care protect you from harm?
- Is care effective – does your care work well for you?
- Is care compassionate – is your care given kindly with dignity and respect?
- Is the service well led – does the manager run the Centre in a good way?

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

- “(Service user) enjoys Ravara, the staff know him well and can meet all his needs. He gets to participate in activities and we have no concerns about the care he receives.”
- “(Service User) is nonverbal but the staff know him well and can tell by his facial expressions. He does not like loud noises; they staff know this and are thoughtful.”
- “” My family and I really appreciate all the help and support the Ravara centre and all the staff provide.”
- “The centre provides an essential service for people like me. I would be very lonely without it. A more varied programme could operate if the facilities were better.”
- “My dad helped me to answer the questions. I am happy at Ravara and like to go each day. The bus transport is well run and efficient, it is an important part of my day.”

One person commented on the environment of the day care setting, this was discussed with the Day Services Lead; they described the ongoing works currently taking place in the setting to improve the experience for service users attending.

Following the inspection three numbers of staff responded to the electronic survey. Two of the respondents indicated that they were satisfied that care provided was safe, effective and compassionate. Comments made in regards to the management of the day care setting were discussed with Day Services Lead prior to the issuing of the report; comments will be followed up and feedback provided to RQIA.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Due to the coronavirus (Covid-19) pandemic, the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last care inspection of the day care setting was undertaken on 12 April 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 DoH's 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 person in charge 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 in normal business hours. 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.

It was identified that no referrals had been made since the last inspection with regard to adult safeguarding. The day care setting has a system for retaining records of any referrals made to the HSC Trust in relation to adult safeguarding.

Service users indicated they had no concerns regarding their safety; we observed a number of service users being supported by staff, they appeared relaxed and comfortable. The day care setting had provided service users and their relatives with information about keeping themselves safe and the details of the process for reporting any concerns.

RQIA had been notified appropriately of any incidents in accordance with the regulations. Incidents had been managed appropriately. We discussed with the person in charge the need to ensure that there is a process in place whereby staff can access the electronic system used to record details of incidents/accidents.

The person in charge 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, in line with the HSC trust's requirements.

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

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 person in charge reported that one 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. Where a service user was experiencing a deprivation of liberty, appropriate documentation was in place.

5.2.2 What are the arrangements for promoting service user involvement?

The purpose of the LD NI Model is to outline what individuals with learning disabilities expect of services, how services will achieve this and how they will be measured to ensure high quality, cost effective care.

From reviewing service users' care records, it was good to note that service users and/or their relatives had an input into devising their 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.

We observed a number of service users being supported by staff to choose activities that they wanted to be involved in. Staff described how they aim to make the activities as individualised as possible.

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 modification required to their food and fluids. A review of training records confirmed that staff had completed training in relation to how to respond to choking incidents but had not completed Dysphagia training. An area for improvement was identified.

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; however it was noted that service users care plans were required to be updated to accurately reflect the information recorded on the SALT assessment. An area for improvement was identified.

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 the Nursing and Midwifery Council (NMC) or any other relevant regulatory body. There was a system in place for professional registrations to be monitored by the manager however we discussed with the person in charge the benefits of retaining record of all checks completed and that it is included as part of the quality monitoring process. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There was one volunteer currently providing support in the day care setting; volunteers are recruited through the SEHSCT's volunteer scheme. The person in charge confirmed that volunteers did not undertake any personal care duties and that AccessNI checks had been completed.

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, three day induction programme which included corporate induction training and 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, this included ancillary staff working in the day care setting.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken. It was identified from training records reviewed that a number of staff are required to complete a number of training updates. An area for improvement has been identified.

All registrants must maintain their registration with NISCC for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. The person in charge 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 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 and staff. Comments included:

- "Very happy with the quality of care provided by staff."
- "Staff are on the ball and report concerns."
- "While my daughter is happy I am happy."

The reports included details of a review of service user care records; accident/incidents and staffing arrangements. However, it was discussed with the person in charge the need for the report to be enhanced to include details of the review of matters reviewed such as staff training and NISCC registration, adult safeguarding matters, DoLS and complaints. An area for improvement was identified.

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 and Service User Guide included RQIA's contact details. The person in charge was signposted to Part 2 of the Minimum Standards, to ensure the Statement of Purpose and Service User Guide included all the relevant information.

6.0 Conclusion

Based on the inspection findings, three 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 management team.

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 Settings Minimum Standards, (revised), 2021.

	Regulations	Standards
Total number of Areas for Improvement	0	3

Areas for improvement and details of the QIP were discussed with the person in charge, 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	
Area for improvement 1 Ref: Regulation 21 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	<p>The registered person shall ensure that staff are trained for their roles and responsibilities.</p> <p>Ref: 5.2.3 and 5.2.5</p> <p>Response by registered person detailing the actions taken: A training matrix is in place within Ravara TRC however this was not fully updated on the date of inspection. The registered manager has appointed a Band 5 staff member to be responsible for ensuring this is updated on a weekly basis as training is completed. Some refresher training has been difficult to access post covid-19, particularly Manual Handling due to face to face training requirement. Dysphagia training has moved to online training and staff are being released in small numbers to complete this within the required timeframes. The registered manager has a plan in place to ensure all training is updated within the required timeframes and will be liaising weekly with the Band 5 staff member responsible for updating the training matrix.</p>
Area for improvement 2 Ref: Standard 5.6	<p>The registered person shall ensure that the care plan is up to date and reflects the service user's current needs</p> <p>Ref: 5.2.3</p>

<p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>Response by registered person detailing the actions taken: A care plan viewed on the date of inspection was not updated following the service user's review. This was remedied immediately. The registered manager has met with all staff to ensure that all service users files are updated as soon as possible after a review takes place. The registered manager has also built in auditing 2 service user files at supervision to ensure this is actioned.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 17.10</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>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.</p> <p>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> <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken: The monitoring officer and day services lead have now developed a checklist which includes all areas stated above and is specifically for day care. This covers all areas required to be monitored. A copy of this has been forwarded to the relevant inspectors.</p>

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



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