

Announced Care Inspection Report 12 April 2021



Ravara Training and Resource Centre

Type of Service: Day care

Address: 14 Ravara Gardens, Kilcooley Estate, Bangor, BT19 1SD

Tel No: 028 9127 1304

Inspector: Jim McBride

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Ravara Training and Resource Centre is a Day Care Setting which provides up to 82 day care places each day. 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, behaviours that challenge and/or dementia.

3.0 Service details

Organisation/Registered Provider: South Eastern HSC Trust	Registered Manager: Sonia Byrne
Responsible Individual: Seamus Mc Goran	
Person in charge at the time of inspection: Sonia Byrne	Date manager registered: 08/08/2016

4.0 Inspection summary

An announced inspection took place on 12 April 2021 from 09.15 to 12.00 hrs. 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.

In response to this information RQIA decided to undertake an inspection of the service. Whilst RQIA was not aware that there was any specific risk to the service a decision was made to undertake an on-site inspection adhering to social distancing guidance.

This inspection was underpinned by: The Health and Personal Social Services (Quality Improvement and Regulation (Northern Ireland) Order 2003, The Day Care Setting Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards, 2012 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017:

Evidence of good practice was found in relation to Access NI and staff registrations with the Northern Ireland Social Care Council (NISCC). Good practice was also found in relation to all current Covid-19 guidance, the use of personal protective equipment (PPE) and Covid-19 education and management including infection prevention and control (IPC) measures.

Review of the 2019-2020 annual report provided evidence that the contents complied with (Regulation 17 (1) & Schedule 3.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Sonia Byrne, manager, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 30 July 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 30 July 2019.

5.0 How we inspect

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

Prior to inspection we reviewed the information held by RQIA about this day care service. This included the previous inspection report, quality improvement plan, and notifiable events, written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service users and staff to obtain their views on the service.

We ensured that the appropriate staff checks were in place before staff work with service users and reviewed the following:

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for Day care.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery.

A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received prior to the issue of the report.

Questionnaires were also provided for distribution to the service users and their representatives; one response was returned and the responder was very satisfied with the questions presented relating to safe, effective, compassionate and well led care.

During the inspection the inspector communicated with two staff members and the manager. We also had the opportunity meet with one relative and met with a number of services users during their activities.

Service user comments during inspection:

- “Staff are good to me.”
- “I have no complaints.”
- “I enjoy my activities.”
- “It’s good here.”
- “We are treated well.”

Relative comments:

- “We have a lot of trust in the staff.”
- “I have no complaints or issues but do know who to speak if I had.”
- “Staff are very approachable.”
- “It’s good to note that staff deal with personal and individual needs.”
- “***** is central to the process and *** best interests are taken into account.”
- “This is a very supportive environment.”

Staff comments during inspection:

- “We feel safe and secure here with PPE and covid guidance.”
- “Excellent and varied training.”
- “There is a good comprehensive induction process in place for staff.”
- “Staff help and support each other.”
- “Good management system with an open door policy.”
- “Good supervision and appraisal.”
- “We promote independence and also a number or varied activities.”

We would like to thank the registered manager and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

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 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: 2 September 2019</p>	<p>The registered person shall ensure that the bathroom/shower/toilet areas are used for inappropriate storage and are maintained in accordance with infection prevention and control (IPC) regional guidelines. Ref: 6.4</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The registered person has ensured that the bathroom/shower/toilet area is not used for inappropriate storage, in line with infection prevention and control (IPC) regional guidelines. The equipment is now stored in an appropriate storage area.</p>	Met
Action required to ensure compliance with Day Care Settings Minimum Standards, 2012		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 13.7</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The registered person shall ensure that written records are kept of all safeguarding concerns and include details of any investigation, the outcome and action taken by the day care setting. Ref: 6.4</p>	Met

<p>Immediate</p>	<p>Action taken as confirmed during the inspection: The registered person ensures that written records are already kept in relation to all safeguarding concerns, which includes details of investigations and outcomes taken. An issue which came to our attention on the day of inspection was in relation to a discussion between the registered manager and the Designated adult protection officer (DAPO), which was written in the file. This referenced that the safeguarding referral should not proceed. However an email had not been received from the DAPO to confirm this decision. An email has now been received and is on record. And was viewed by the inspector.</p>	
<p>Area for improvement 2 Ref: Standard 28.2 Stated: First time To be completed by: 9 September 2019</p>	<p>The registered person shall improve the fire safety precautions in the centre. The fire door wedged open, (registered managers office door) should have an automatic door closure or similar fitted as recommended by the fire safety officer who inspects the centre. This will enable the registered manager to maintain an 'open door' policy. The actions and timescale for completion should be reported on the returned QIP. Ref: 6.4</p> <p>Action taken as confirmed during the inspection: The registered person requested an assessment by the Estates fire safety officer who inspects the centre. He has advised that the door which was wedged open (registered manager's office door), is not a fire door. The registered manager has requested in August that estates remove the self-closing mechanism from the door. This has been actioned and is satisfactory.</p>	<p style="text-align: center;">Met</p>

<p>Area for improvement 4</p> <p>Ref: Standard 3</p> <p>Stated: First time</p> <p>To be completed by: 9 September 2019</p>	<p>The registered person shall ensure that an up to date and signed individual agreement is within each service user's record.</p> <p>Ref: 6.5</p> <p>Action taken as confirmed during the inspection: The registered manager has a process in place to ensure that individual agreements are on each service user's file. This process ensures compliance through audit of files during individual staff supervision, and a database has been created containing audit results. This was reviewed during inspection and has been actioned and is satisfactory.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 17.2</p> <p>Stated: First time</p> <p>To be completed by: 31 September 2019</p>	<p>The registered person shall ensure that a robust system of the auditing of service users' records is implemented.</p> <p>Ref: 6.5</p> <p>Action taken as confirmed during the inspection: The registered manager has put a process in place to ensure that each service user file is audited. This process ensures compliance through audit of files during individual staff supervision, and a database has been created containing audit results. This will ensure regular and ongoing audit of service user records. This has been actioned and is satisfactory. Observed during inspection.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 17.10</p> <p>Stated: First time</p> <p>To be completed by: Immediate</p>	<p>The registered person shall ensure that all consecutive monthly monitoring reports are available in the centre and any actions previously identified have been addressed.</p> <p>Ref: 6.7</p> <p>Action taken as confirmed during the inspection: The registered person has ensured that all consecutive monthly monitoring reports are available and have been actioned. They are stored in an E file and a manual file within the manager's office. This has been actioned and is satisfactory. Observed during inspection</p>

6.1 Inspection findings

The services staff recruitment processes were noted to be managed in conjunction with the organisation's Human Resources (HR) Department. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 21, Schedule 2 and Standard 20 relating to Access NI. We reviewed documentation in staff files in relation to pre-employment checks which provided assurances that Access NI checks were completed before commencement of employment.

A review of six staff records confirmed that all staff are currently registered with NISCC. We noted that the manager had a system in place each month for monitoring registration status of staff with NISCC and confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

Service quality:

We noted comments from service users, staff and relatives made during regular monthly quality monitoring.

Service user comments:

- "I'm happy to be back at the centre."
- "I enjoy all my activities."
- "I like Ravara the staff and activities."

Staff comments:

- "I enjoy providing support to service users."
- "I'm happy the way we are managed."
- "It's all good no problems."

Relative's comments:

- "I am happy with the service provided to*****."
- "I can't praise the staff enough."
- "We have been impressed with the procedures in place during this difficult time."

Care planning and review:

We reviewed six care plans in place for individual service users. These fully described the care and support required for individuals and included:

- Referral information
- Care plan
- Individual action plans
- Risk assessments
- Reviews.

The centre must be commended for their work with trust staff to ensure all annual reviews were completed.

Covid-19:

We spoke with the manager and staff members, who were knowledgeable in relation to their responsibility in relation to covid-19. Staff stated they were aware of the guidance on the use of personal protective equipment (PPE) for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

We reviewed the current practices relating to the following areas of guidance and good practice relating to Covid-19.

- Dissemination of information to staff
- Monitor staff practice
- IPC policies and procedures
- Infection prevention and control policies and procedures have been updated to address all current guidance in relation to Covid-19.
- Temperature monitored twice daily in line with guidance
- Used PPE storage and disposal

- Staff training and guidance on: a. infection prevention and control and b. the use of PPE, in line with the current guidance.

We reviewed records relating to infection prevention and control policies which were in-line with the current guidance. The policies and procedures had been updated to include Covid-19 guidance. Policies and guidance were available to all staff in hard copy within the service.

We reviewed records indicating that service users, staff and visitors had their temperatures monitored twice daily in accordance with the guidance.

Monitoring records also involved asking about and looking out for the following symptoms, fever of 37.8C or above, cough, loss of or change in sense of smell or taste.

Hand sanitisers were placed in different areas throughout the centre for service users, staff and visitors to use to ensure and promote good hand hygiene.

There was evidence that clear guidance with regards to IPC, donning (putting on) and doffing (taking off) of PPE. There was evidence that staff had completed training with regards to IPC.

The staff on duty demonstrated that they had a good understanding of the donning and doffing procedures and were observed to be using PPE appropriately. The manager discussed the procedures that both he and staff spot check the use of PPE. Spot checks on staff practice are undertaken to ensure they are fully compliant with the guidance.

The procedure and guidance in place show that:

- Robust systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff.
- There are effective systems in place to monitor staff compliance with good infection prevention and control practices.
- All staff working in the service are able to demonstrate their knowledge of infection prevention and control practice commensurate to their role and function in the service.

It was good to note that staff were working well together to support the best outcomes for service users, in a sensitive manner, whilst being caring and compassionate.

It was noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life. Staff are being vigilant in terms of monitoring service users for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19 within the agency.

Areas of good practice

Areas of good practice were identified in relation to the completion of checks with Access NI in conjunction with HR Department and staff registrations with NISCC. Covid guidance and annual reviews

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

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