

Unannounced Care Inspection Report 17 October 2019



City Way Day Centre

Type of Service: Day Care Service

Address: 2a Boyne Court, Sandy Row, Belfast, BT12 5BL

Tel No: (028) 9504 0580

Inspector: Heather Sleator

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

1.0 What we look for



2.0 Profile of service

City Way Day Centre is a day care setting that is registered to provide care and therapeutic activities for up to 50 service users for older people and younger physically disabled adults. The day centre is open Monday to Friday and is managed by Belfast Health and Social Care Trust (BHSCT).

3.0 Service details

| | |
|---|--|
| Organisation/Registered Provider: Belfast HSC Trust | Registered Manager: Jill Cowan |
| Responsible Individual: Martin Dillon | |
| Person in charge at the time of inspection: Carrie McAllister – Assistant Manager | Date manager registered: 19 January 2017 |
| Number of registered places: 50 | |

4.0 Inspection summary

An unannounced inspection took place on 17 October 2019 from 09.45 to 16.15 hours.

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 and the Day Care Settings Minimum Standards, 2012.

As a public-sector body RQIA have a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. During inspections of day care services, RQIA are committed to ensuring that the rights of people who receive services are protected. This means RQIA will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the culture and ethos of the service, listening to and valuing service users, taking into account their views, choice and preferences. Good practice was demonstrated regarding the provision of therapeutic activities and recreational opportunities. Overall there was evidence of good governance arrangements; staff training, professional development opportunities, supervision and appraisal, management of accidents/incidents and complaints, continuous quality improvement and effective team working.

There were no areas for improvement identified as a result of this inspection.

Service users said that they enjoyed the centre, liked coming to see their friends (staff included) and were spontaneous in their interactions with other service users and staff.

A service user said:

“You can say anything to staff, you can literally say anything to them.”

The findings of this report will provide the day care setting 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 Carrie McAllister, Assistant 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 25 January 2019

No further actions were required to be taken following the most recent inspection on 25 January 2019.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration details of the day care centre
- incident notifications submitted to RQIA since the last care inspection
- unannounced care inspection report and QIP of 25 January 2019
- information and correspondence received by RQIA since the last inspection.

During the inspection the inspector met with:

- The registered manager, Jill Cowan, for part of the inspection.
- The assistant manager, Carrie McAllister.
- Five staff.
- Sixteen service users on an individual basis, the remaining service users in a group discussion.

Questionnaires were given to the staff on duty to distribute between service users. Seven questionnaires were returned from service users’. The person in charge was provided with a poster to be displayed in the service advising of how staff could complete electronic questionnaires and submit these to RQIA. There were no questionnaires completed and returned to RQIA by staff.

The following records were examined during the inspection:

- three service users' care records
- a sample of daily staff rota's
- two completed staff competency and capability assessments
- the complaints and compliments records
- recruitment and selection procedures
- incidents and accidents records
- the minutes of service user self-advocacy group meetings
- the minutes of staff meetings
- supervision and annual appraisal planner
- three months of quality monitoring reports
- a staff training matrix
- quality audits/governance arrangements for the centre
- the annual fire safety risk assessment dated July 2018
- records of fire drills undertaken during 2019
- the Statement of Purpose and Service User Guide
- the annual quality report of 2018/2019

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 25 January 2019

The most recent inspection of the establishment was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 25 January 2019

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The staff duty roster/daily work plan reflected the staff on duty, capacity and time worked was viewed. Staff and service users attended specific activities of their choice; the staffing arrangements promoted continuity of care and support and enhanced the relationship between

the service users and staff. There were seven completed satisfaction questionnaires from service users returned to RQIA and no issues regarding the staffing arrangements were raised. We met with service users during the inspection who expressed their satisfaction with the staff and staffing arrangements. One service user commented; "The staff are all kind and helpful." No issues were raised by staff in respect of the staffing arrangements and there were no completed staff questionnaires were returned to RQIA within the specified timescale. We met with the relatives of two service users who again were very complimentary about the staff team and commented, "I don't know how we'd have managed without the centre."

Competency and capability assessments had been completed for any person in charge of the centre in the absence of the registered manager; records of assessments retained and samples reviewed were found to be satisfactory. One assessment had not been reviewed and updated for the current year however the manager confirmed via telephone and email, following the inspection, that this had now been completed.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff were provided. A schedule for mandatory training, annual appraisal and staff supervision was maintained and was reviewed during the inspection. Staff, who supervise others, for example the registered manager, had completed training in supervision and appraisal.

The assistant manager explained that all staff recruitment records were retained at the Belfast Health and Social Care Trust (BHSCT) human resource department. The assistant manager confirmed that electronic confirmation of compliance with employment legislation as set within The Day Care Setting Regulations (Northern Ireland) 2007 and Department of Health (DoH) Day Care Settings Minimum Care Standards (2012) were provided prior to new staff commencing duty.

Arrangements were in place to monitor the registration status of care staff with their professional body with monitoring records retained. The registration status of staff is also monitored at supervision.

We were advised that the use of restrictive practices was very limited for example service users who are wheelchair users may use lap belts (their own choice and decision). A policy was available and discussion regarding such restrictions confirmed these were appropriately assessed, minimised and reviewed with the involvement of the multi-professional team, as required.

Discussion with staff and inspection of records confirmed that staff had a good understanding of adult safeguarding principles and their obligation in relation to raising awareness concerns about poor practice and whistleblowing. A review of staff training records evidenced that mandatory training in adult safeguarding had been provided for all staff. The review of records evidenced that there had been no safeguarding referrals made from the previous inspection of January 2019.

The premises of City Way were well maintained and in good decorative order. There were several rooms, of varying sizes, available for group activities and for individual work with service users, when necessary. There is a small internal garden/patio area which service users have use of and this is a popular place as the service users like to check how the plants/flowers that they had planted had grown. There were notice boards throughout the centre providing service users, relatives and staff with information regarding activities, photographs of activities and events and numerous information leaflets.

Service users and staff, who met with the inspector, confirmed that they have confidence in the practice of all members of the staff team in their work with service users. Staff members had generally been employed in the centre for lengthy periods and expressed strong commitment to their work with service users, which, they confirmed, is enjoyable and rewarding. The inspector spoke with the hairdresser who has been providing a service to the centre for a number of years and who commented, “This is the best centre.”

Fire safety precautions were inspected and it was noted that fire exits were unobstructed. The most recent report from the fire risk assessor was viewed and dated July 2018. The fire safety records evidenced that there had been a number of fire drills and staffs attendance was recorded to evidence the required number of fire safety training events per year had been complied with. Service users also participated in fire evacuation drills and records indicated that the last evacuation drill was in June 2019.

Service users spoken with during the inspection gave positive feedback in regard to the safe care provided. No issues or concerns were raised or indicated. A service user commented:

“If you were worried about anything at home they (staff) would follow it up for you.”

Areas of good practice

Examples of good practice found throughout the inspection included: staff work rotas, staff induction, staff training, adult safeguarding, fire safety records, risk assessment and service user and staff engagement.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

A review of three service users’ records confirmed that these were maintained in line with the legislation and standards. They included an assessment of need, life history, risk assessments, care plans and regular statement of health and well-being of the service user. Care needs assessment and risk assessments, including falls, moving and handling were reviewed and updated on a regular basis or as changes occurred.

The records also reflected the multi-professional input into the service users’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual service users. Service users and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the service user and/or their representative. Discussion with staff confirmed that a person centred approach

underpinned practice and staff demonstrated their knowledge of individual service users throughout the inspection. Audits of care records were conducted with random selection reviewed at staff supervision and monthly monitoring visits.

An individual agreement setting out the terms of placement were in place and appropriately signed. Records were stored safely and securely in line with data protection.

The manager stated that new care planning documentation has been introduced and all the current care documentation has to be transcribed onto the new template. The manager was advised to view the completion of this task as a priority.

We confirmed that systems were in place to ensure effective communication with service users, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, service users’ meetings and staff meetings. The staff and a service user’s representative confirmed that management operated an “open door” policy in regard to communication within the day centre.

Service users spoken with and observation of practice during a morning and afternoon activity evidenced that staff were able to communicate and engage effectively with service users. Minutes of service users’ meetings were viewed during the inspection. A service user commented. “We have a suggestion box and meetings to decide what we would like to do.”

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the service users. The senior day care worker confirmed that arrangements were in place, in line with the legislation, to support and advocate for service users.

Staff and a service user’s representative spoken to commented:

- “Best job ever.” (Staff)
- “Staff have (service user) best interests at heart.” (Service user’s representative)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users, staff and service users’ representatives.

Areas for improvement

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

On the day of this inspection, the atmosphere in centre was welcoming and purposeful and service users, arriving at the centre, were greeted warmly by their friends and by staff members. Observations of interactions throughout the day provided evidence of service users relating positively to staff and to each other. Service users were engaged by staff with respect and encouragement at all times. While service users were assigned to specific groups and activities in both morning and afternoon sessions, staff respected the wishes of any person who did not wish to participate.

Activities, such as art, cookery classes, music, quizzes, crafts, choir, gardening, ballroom dancing and fellowship meetings were part of the varied programme. Service users spoke very positively in respect of the range of activities available and were appreciative of the skill of staff especially in relation to arts and crafts. Service users confirmed that staff listen to them and encourage them to take a full part in developing their plans for day care through the members meetings, suggestion box and the approachability of staff. Therefore, activity programmes are organised with each individual's agreement and service users contributed positive comments on its value to them. Staff members were observed interacting sensitively with service users and being attentive to each person's needs.

The systems in place to ensure that the views and opinions of service users were sought and taken into account included regular service user meetings, an annual quality survey of service users and their carers or relatives and daily discussions with service users in groups or individually. The minutes of the service users meetings provided evidence of a strong focus on involving and empowering service users to contribute to decisions about the way in which the day care service is run. Preparation for each person's annual review included a meeting with the key worker to discuss the value of attending the centre and appropriateness of the existing programme of activities.

During each monthly monitoring visit the views of a sample of service users were sought and their views were reflected in good detail in all four of the monthly monitoring reports that were reviewed. Each person's file contained progress notes relating to that person's involvement and wellbeing and these reflected the caring nature of the relationships and interactions observed during the inspection. Staff members' comments and actions, along with the views expressed by service users, and confirmed that compassionate care was being provided consistently in City Way.

Service users and representatives spoken with during the inspection made the following comments:

- "Kitchen staff are lovely, they give you something different if you don't like something and make sure you enjoy your food."
- "It (centre) sets (service user) up for the day."
"It's (centre) a lifeline for both of us."
- "Every single person extremely approachable and informative."
- "I don't know how we'd have managed without the centre."

- “Always a member of staff about to help.”
- “All the staff are so helpful and keep me informed and up to date about how (service user) has been.”

There were seven completed questionnaires returned to RQIA from service users. The respondents indicated that they were very satisfied that care was safe, effective, and compassionate and that the service was well led. Additional comments included:

- “All good.”
- “City Way is clean, tidy and well managed. I would give it top marks.”
- “The staff are all kind and helpful.”
- “I enjoy all aspects of the day centre. I enjoy knitting, helping others. I enjoy story reading, relaxation and current affairs.”
- “The care at City Way is excellent. I’m at my happiest when I’m here.”
- “The centre is first class. I enjoy crafts in the centre, painting and drawing and making models.”
- “I think my care is well covered.”

We spoke to staff during the inspection and comments included:

- “Best job ever.”
- “We work through things together in here and there’s good communication.”
- “Being effective to me means knowing that my service users had a good day and if they’ve had a bad day knowing that I’ll listen to them.”
- “Information is very accessible here, intranet, notice boards and staff and service users meetings.”

There were no completed questionnaires returned to RQIA from staff within the specified timescale.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the centre, listening to and valuing service users and taking account of their views.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The centre's statement of purpose and service users guide fully and accurately reflected the regulations and care standards. The registered manager, Jill Cowan, was on leave however the manager called in to the centre for part of the inspection. The assistant manager, Carrie McAllister facilitated the inspection and demonstrated a very good understanding of The Day Care Setting Regulations, minimum standards and the systems and process in place for the daily management of the day centre. A wide range of documentary evidence to inform the inspection's findings, including minutes of staff meetings, service users meetings, monitoring reports, audit records, work rotas, service users' files, staffing information and written policies and procedures were made available.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Service users and/or their representatives were made aware of how to make a complaint by way of meetings, service user's guide and trust information leaflets displayed. Pictorial information on how to make a complaint was also displayed outside the manager's office. During the inspection the centre's bus drivers voiced a concern regarding a transport issue. The issue was taken to the manager who confirmed by telephone following the inspection that the issue had been passed to the transport manager in the Trust. The review of records evidenced that complaints received had been fully investigated and resolved to the complainant's satisfaction.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

A monthly monitoring visit was undertaken in accordance with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. Records of the past three months were reviewed, the reports showed the visits were both announced and unannounced, provided a view regarding the conduct of the setting, included outcomes/action plans and qualitatively reflected service users and staff views and opinions.

City Way and the Belfast Health and Social Care Trust have systems in place to ensure that staff were well-informed on the responsibilities of their roles and the expected standards of practice. Staff confirmed that there were good working relationships within the day centre and that the registered manager was always responsive to suggestions and/or concerns raised. One staff member commented:

"I can go to the manager if I needed to, no issue in doing so."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of accidents/incidents, ongoing quality improvement and maintaining good working relationships.

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.



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