

# Unannounced Care Inspection Report 23 November 2017



## City Way Day Centre

**Type of Service: Day Care Setting**

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

**Tel No: (028) 9504 0580**

**Inspector: Bronagh Duggan**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

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**

This is a Day Care Setting with 50 places that provides care and day time activities for people within the categories of care as outlined in section 3.0 of this report.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast HSC Trust  <b>Responsible Individual:</b> Mr Martin Joseph Dillon	<b>Registered Manager:</b> Ms Jill Cowan
<b>Person in charge at the time of inspection:</b> Ms Jill Cowan	<b>Date manager registered:</b> 19/01/2017
<b>Number of registered places:</b> 50 – DCS-I, DSC-PH, DCS-PH ( E )	

### 4.0 Inspection summary

An unannounced inspection took place on 23 November 2017 from 10.30 to 17.20.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

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

Evidence of good practice was found in relation to staff induction, training, supervision and appraisal, adult safeguarding, infection prevention and control the centre's environment and communication between service users, staff and other key stakeholders.

Service users said "It is really great here, it's like one big family. I always look forward to coming" and "It's the best here, it really is can't complain about anything".

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Jill Cowan, registered 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 22 February 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 22 February 2017.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: accidents and incidents reported to RQIA since the previous care inspection, the previous inspection report and the returned QIP.

A total of 10 questionnaires were provided for distribution to service users and representatives for completion and return to RQIA. Ten questionnaires were returned within the requested timescale. Information was provided for staff to access RQIA questionnaires electronically to share their views regarding the service. No electronic responses were received.

During the inspection the inspector met with 16 service users, four staff and the registered manager.

The following records were examined during the inspection:

- care records x3
- staff duty rota
- competency and capability assessment x1
- completed induction x1
- minutes of staff meetings
- minutes of service user meetings
- Monthly monitoring reports
- staff training information
- staff supervision and appraisal information
- complaints and compliments records
- accident/untoward incident records (three randomly sampled)
- fire safety checks/records
- sample of policies and procedures including whistleblowing, complaints, supervision, use of restrictive interventions

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

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 22 February 2017

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

The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 22 February 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 26(2)(c) <b>Stated:</b> Second time	<p>The registered provider must with regards to safety, promoting independence, privacy and dignity for service users in City Way Day Centre; review the arrangements for responding to service users using the call bell system in bathrooms/toilets. The call bell must be heard throughout the centre.</p> <p>The completed returned QIP must include an action plan with timeframes to ensure staff are able to hear and immediately respond to the call bell system.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Discussion with the registered manager and review of records maintained in the centre confirmed that the call bell system had been reviewed. Information was available to confirm the design stage had commenced, the registered manager confirmed the work was due to be completed before the end of the financial year.</p>	

<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4.4  <b>Stated:</b> First time	The registered provider should ensure:  (a) assessments are kept under continual review and if the service user's needs have not changed; the specific assessment should reflect this, be signed and dated. This could be completed when their care plan is being reviewed or at the time of the individual's annual review of their day care placement.  (b) The identified service user's Speech and Language assessment (completed in 2010) should reflect (a) above.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of records in the centre confirmed that the identified assessment had been reviewed and updated to reflect there had been no changes. The registered manager also confirmed all record templates had been amended to reflect speech and language issues.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 5.6  <b>Stated:</b> First time	The registered provider should review and update the identified service user's care plan so it fully and accurately reflects their current needs and how staff support and assist the individual.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The identified service users care plan had been reviewed and updated accordingly.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 17  <b>Stated:</b> First time	The registered provider should provide RQIA with an action plan with timescales regarding filling the vacant Senior Day Care Worker position in City Way Day Centre.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of the duty rota confirmed that a Senior Day Care Worker had been appointed to the centre.	

<b>Area for improvement 4</b> <b>Ref:</b> Standard 17.11 <b>Stated:</b> First time	The registered provider should forward City Way Day Centre's completed annual report to RQIA. This should contain information on all of the relevant matters stated in Regulation 17(1), Schedule 3.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The report was forwarded to RQIA. Discussion with the registered manager and review of the annual report available in the centre confirmed this had been completed and contained relevant information.	

### 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.**

Discussion with the registered manager confirmed that staff within the centre were sufficiently qualified, competent and experienced to meet the assessed needs of service users in attendance each day. A review of the duty rota showed it reflected the staff working in the centre on the day of inspection. The registered manager and staff confirmed that safe staffing levels were in place to meet the needs of the service users. The registered manager confirmed there was currently one staff vacancy within the centre and that arrangements were in place to ensure the hours were covered until the recruitment process was completed. Staff who met with the inspector demonstrated good understanding of their roles and responsibilities in meeting the needs of the service users and associated policies and procedures in the running of the centre.

The registered manager advised that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A sample of one completed staff competency and capability assessment was reviewed and found to be satisfactory.

Review of one completed induction record and discussion with the registered manager and staff evidenced that an induction programme was in place for staff, relevant to their specific roles and responsibilities.

The registered manager confirmed that staff employment records were held within the Belfast Health and Social Care Trust (BHSCT) human resources department and that all appointments made were in keeping with the trust policy/ procedures, legislation and day care standards.

A review of staff training records showed staff had received mandatory training and other training relevant to their roles and responsibilities for example staff had completed training in relation to adult safeguarding, swallowing awareness and Parkinson's awareness. Staff confirmed that mandatory training was ongoing.

A review of three accidents and untoward incident records which had occurred since the centre's previous care inspection showed that these had been responded to and managed appropriately. The registered manager confirmed that any suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The centres policy and procedure relating to adult safeguarding was reviewed during the previous inspection and was found to be satisfactory. Staff who spoke with the inspector demonstrated knowledge and understanding of the principles of adult safeguarding. A copy of the regional guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015 was available within the centre.

A review of policy and procedure on restrictive interventions/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The registered manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

Infection prevention and control measures were in place with a good standard of hygiene observed throughout the centre. Measures included for example "seven step" hand hygiene notices positioned at wash hand basins, supplies of liquid soap, hand sanitisers, availability of disposable gloves and aprons, provision of staff training and availability of policies and procedures relating to infection prevention and control.

Inspection of the internal and external environment identified that the day care setting was appropriately heated, tidy, clean, suitable for and accessible to service users, staff and visitors. There were no obvious hazards to the health and safety of service users, visitors or staff.

The most recent fire drill was completed on 14 June 2017 records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly/monthly and were regularly maintained. There was no visible evidence of any hazards on the day of inspection.

Ten completed questionnaires were returned to RQIA from service users. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from questionnaires were as follows:

- "The centre is lovely and clean and the manager is very helpful."



**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, adult safeguarding, infection prevention and control and the centre’s environment.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**

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

Discussions with staff and the registered manager established the day care centre had responded appropriately to and met the assessed needs of the service users.

Three service users’ files were reviewed during this inspection. These were found to be in line with legislation and minimum care standards. The care records inspected contained recent photographs of each service user, copies of written agreements, current needs and risk assessments, person centred care plans, and records of when reviews were completed. The three care records inspected were reviewed and updated regularly or as any changes occurred. Records of reviews showed participation of the service user or where appropriate their representative. There was evidence of multi professional collaboration in planned care.

Discussion with 16 service users confirmed they were encouraged and enabled to be involved in the assessment, care planning and review process. Records were stored safely and securely in line with data protection.

Systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre admission information, multi professional reviews, and regular service user and staff meetings. Discussion with staff confirmed management operated an open door policy in regard to communication in the day care setting.

Service users spoken with and observation of practice evidenced that staff were able to communicate effectively with service users and other key stakeholders.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals for example audits of care records were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports and the annual quality report.

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 information displayed around the centre.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from service users, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant’s level of satisfaction.

Ten completed questionnaires were returned to RQIA from service users. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from completed questionnaires were as follows:

- “There are good activities for visual impairments.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

The registered manager confirmed that there was a culture/ethos within the centre that supported the values of dignity and respect; independence; rights; equality and diversity; choice and consent of service users.

There was a range of policies and procedures available to support staff in the delivery of compassionate care.

Observations of staff interactions with service users demonstrated that they were treated with dignity and respect. Staff confirmed their awareness of promoting service user rights, independence and dignity.

Discussions with staff, service users, review of care records and observation of staff practice and interactions confirmed that service users’ needs were acknowledged and recorded. There was evidence that service users were enabled and supported to engage and participate in a range of meaningful activities. Service users were observed knitting, painting, making crafts, and working on computers.

There were systems in place to ensure that the views and opinions of service users, and or their representatives, were sought and taken into account in all matters affecting them for example service user meetings, suggestion box, annual reviews etc.

Service users are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for service users and other interested parties to read. An action plan was developed and implemented to address any issues identified. Improvements made as direct result of the consultation included increasing the range of salads available for lunch and ensuring fire safety procedures were discussed with service users quarterly.

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

- “It’s the best here, it really is. Can’t complain about anything”.
- “I love coming here, there is lots to do. They (staff) are all very good, the food is lovely, sure where else would you get it like this?”
- “Everyone is very kind, it is nice to come here and be sociable. It’s better than being at home and being lonely”.
- “The way I see it, everyone likes coming here, we have a great time”.
- “It is really great here, it’s like one big family. I always look forward to coming”.
- “I love it, I really do!”
- “They (staff) are all very good, it’s a great place. I would give it a nine out of ten.”

Ten completed questionnaires were returned to RQIA from service users. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from questionnaires were as follows:

- “My care at City Way is excellent. Second to none.”
- “The staff are great, and treat me very well.”

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 registered manager confirmed that she felt well supported in her role by the locality manager and that work was ongoing at operational level to standardise practices and ensure consistent ways of workings to support registered managers across services.

There was a defined organisational and management structure that identified the lines of responsibility and accountability of staff within the centre.

The centres current RQIA certificate of registration was displayed on a wall in the reception area of the centre.

There was a range of BHSCCT corporate policies and procedures to guide and inform staff. Staff demonstrated awareness of policies and procedures for example whistleblowing and adult safeguarding. There was a complaints procedure in place regarding the management of complaints. A system was also in place to monitor and review compliments provided to the centre.

Discussions with staff and review of records showed staff meetings were held regularly, minutes of meetings were available for inspection. Staff confirmed there was effective teamwork and that they were aware of their roles and responsibilities. Staff confirmed if they had any concerns that they could raise these with the registered manager. Discussions with staff and information available during inspection confirmed staff received formal supervision on a regular basis and an annual appraisal.

Accidents and incidents were noted to be effectively recorded within the corporate electronic datix system. Information entered into the system is passed electronically to the locality manager and the BHSCCT governance team who monitor and audit. The registered manager demonstrated knowledge of the procedure to follow regarding accidents and incidents to RQIA. Notifications received since the previous inspection were discussed with the registered manager these had been recorded satisfactorily.

Monthly monitoring visits were being undertaken on behalf of the registered provider as required under regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Reports were available to service users, relatives, staff, trust representatives and RQIA. Each of the reports included the qualitative views and opinions of service users, their representatives or relatives.

An annual quality review report was completed in March 2017 as stipulated under regulation 17 (1) & Schedule 3. The information contained within the report was satisfactory.

Discussion with staff confirmed there were good working relationships and that management were responsive to any suggestions or concerns raised.

Based on the findings of this care inspection there was good evidence of effective leadership and governance arrangements to support and promote the delivery of quality care services in City Way Day Centre.

Ten completed questionnaires were returned to RQIA from service users. Respondents described their level of satisfaction with this aspect of care as very satisfied.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 9051 7500

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)