

# Unannounced Care Inspection Report 25 January 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: Maire Marley**

[www.rqia.org.uk](http://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

This is a Day Care Setting with 50 places, providing care and day time activities for older people and younger severely physically disabled people who have assessed care and support needs. The service provides care and therapeutic activities, Monday to Friday each week. Closure takes place during statutory holidays. Further information on the day care service is reflected within the service user guide and statement of purpose.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast HSC Trust	<b>Registered Manager:</b> Miss Jill Cowan
<b>Responsible Individual:</b> Mr Martin Joseph Dillon	
<b>Person in charge at the time of inspection:</b> Miss Jill Cowan	<b>Date manager registered:</b> 19 January 2017
<b>Number of registered places:</b> 50	

### 4.0 Inspection summary

An unannounced inspection took place on 25 January 2019 from 9.30.00 to 15.30.

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 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 staffing, provision of care, involvement of service users and their relatives, leadership and management, organisation, records, safety, governance and maintenance of the premises.

No areas requiring improvement were identified during this inspection.

Service users said;

- “I love getting out and about and the company here is great.”
- “I enjoy all my activities and have started doing things that I haven’t done since I was a young girl.”
- “I never painted in my life and now I really enjoy it.”
- “The staff are excellent you couldn’t wish for better.”  
 “I feel safe here, you know you will be well looked after.”  
 “We are involved in everything and we are given a choice in everything we do.”

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
<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 23 November 2017

No further actions were required to be taken following the most recent inspection on 23 November 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:

- record of notifications of significant events
- record of complaints
- the previous inspection report on 23 November 2017
- the RQIA log of contacts with, or regarding City Way Day Centre

During the inspection the inspector met with:

- ten service users in a group setting
- four service users individually
- the registered manager
- one professional
- three care assistants in group discussions
- the senior day care worker
- two day workers
- two bus drivers

Staff were provided with ten questionnaires to distribute to service users or their relatives for completion. The questionnaires asked for service users and/or their relatives views on the service and requested their return to RQIA. No completed questionnaires were returned to the inspector within the timeframes for inclusion in this report.

The registered manager was requested to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision. No completed questionnaires were returned within the timescales for inclusion in this report.

A “have we missed you” card was left for display in the front entrance, to allow service users or relatives who were not available on the day to give feedback to RQIA regarding the quality of service. No responses were received. In addition a range of RQIA information leaflets were also left for information.

The following records were examined during the inspection:

- Care records for four service users, including assessments, care plans and review reports.
- Four service users agreements.
- Progress records for four service users.
- Monitoring reports for the months of, October, November and December 2018.
- Records of two staff meetings held in November and December 2018.
- Minutes of service users’ meetings for September, October and December 2018.
- Selected training records for staff, including staffs’ registration with NISCC.
- The Statement of Purpose.
- Service User Guide.
- Staff duty rotas for the November, December 2018 and January 2019.
- Safety records, including fire risk assessment.
- Record of notifications of significant events.
- Record of complaints.
- Audits completed.

There were no areas of improvement identified at the last care inspection 23 November 2017.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 23 November 2017**

The most recent inspection of the day care setting was an unannounced care inspection.

### **6.2 Review of areas for improvement from the last care inspection dated 23 November 2017**

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.**

On the day of inspection it was observed a sufficient number of staff were on duty to meet the needs of the service users. The duty roster along with care records were examined and discussion with staff and service users established staff were sufficiently qualified, competent and experienced to meet the assessed needs of the service users.

City Way Day Centre is managed by the registered manager who is assisted by a team consisting of a senior day care worker, five day care workers, three care workers and a clerical officer, in addition two bus drivers are allocated to the centre.

The records of identified staff left in charge of the centre in absence of the registered manager were examined and confirmed that a competency and capability assessment had been completed. The inspector spoke to the staff members who assume responsibility for the centre in the absence of the registered manager and they confirmed they were willing and capable to act up as and when required.

An induction programme is in place for all grades of staff within the centre appropriate to specific job roles. Records pertaining to a staff member who commenced duty in July 2018 were examined and confirmed a comprehensive induction had been undertaken. This staff member reported on the induction provided and verified that the programme had been completed and prepared her for her role and responsibilities. The record was found to be dated and signed by the relevant persons.

Discussions with staff confirmed that they had access to a mandatory training programme to support them in meeting the roles and responsibilities of their job. A review of the staff training records provided evidence that all training was up to date. Staff spoke enthusiastically about the training opportunities provided and felt they were given a range of opportunities to learn and develop.

The day care setting's governance arrangements in place that identify and manage risk were inspected; there had been two accidents recorded in the period since the previous care inspection and were managed appropriately.

A review of settings policies confirmed there was a policy and procedure on restrictive practice in keeping with DOH Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberty Safeguards (DoLS).

Service users were observed on their arrival to the centre, throughout the day and on their departure, it was noted that staff intervened in a timely manner and responded to everyone in a quiet, respectful manner.

The registered manager confirmed there were no current adult safeguarding investigations within the day care setting and was clear about their role and responsibility in the event of such an incident. Records showed that previous incidents reported to staff in the centre had been responded to appropriately, reported and followed up by the relevant safeguarding team.

Safeguarding procedures were understood by staff members who were interviewed, they confirmed that practice throughout the centre was of a high standard and that they were trained to respond professionally in all situations. Safeguarding training had been provided for all staff in the training programme for 2017-2018. Service users' rights and feelings, and the methods available to them of raising a concern or making a complaint were set out in the Service User Guide and in the centre's Statement of Purpose. There had been no complaints in the service since the last inspection. A range of compliments and thank you cards had been received reinforcing the high standard of care provided.

The registered manager and other staff members, 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 and expressed their determination to promote safe practice and, if necessary, to report unacceptable practice. All staff members expressed strong commitment to their work and confirmed that the work is enjoyable and rewarding. There was evidence that all staff had been trained appropriately for their specific areas of responsibility.

A bus driver raised an issue with the inspector and this was discussed with the registered manager. Evidence was provided that the issue had previously been raised and addressed. Some suggestions to enhance the records was made by the inspector and accepted by the registered manager.

The arrangements for the management of monies that service users' contribute for their lunch within the day care setting was reviewed. Appropriate records and receipts for all financial transactions were in place and were dated and signed by the relevant parties. Enquiries made by a relative in regard to payments had been addressed and forwarded to the finance department in a timely manner.

Observation of the environment was undertaken during a walk around the day care setting, this confirmed that the environment was warm, clean, fresh smelling and had suitable lighting. Fire exits and walk ways were clear and free from any obstructions. Infection prevention and control measures were in place with a good standard of hygiene observed throughout the centre. Measures included the availability of hand sanitisers around the setting, "seven step" hand hygiene notices positioned at wash hand basins and supplies of liquid soap and hand towels mounted on the wall. Staff had access to gloves and aprons as required.

It was noted that staff adhered to safe fire practices and records examined identified that a number of safety checks had been undertaken including fire safety drills to ensure service users could exit safely, regular checks on firefighting equipment was also undertaken. A fire risk assessment was completed on 18 July 2018 with a review date for July 2020, no action was required.

Discussion with staff and a visiting senior social worker to the day care setting with regards to the provision of safe care revealed the following comments:

**Staff comments:**

- “The team work effortlessly to ensure safe care.”
- “A range of practices leads to safe care, such as training, good teamwork and ensuring service users are to the fore of everything we do.”
- “This is a really good centre; my social work team speaks highly of the service and receive very positive comments from service users on the excellent service provided.”

Ten satisfaction questionnaires were given to the staff for distribution to service users and relatives/representatives. There were no questionnaires returned within the timeframes for inclusion in this report.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care documentation, risk assessment and management, fire safety, the physical environment, staff training, staff supervision, adult safeguarding and service user involvement.

**Areas for improvement**

No areas for improvement were identified during the inspection.

**Areas of good practice**

	Regulations	Standards
<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.**

The centre’s statement of purpose and service user’s guide was reviewed and revealed the documents accurately reflected the elements set out in the regulations and standards. A copy of the statement of purpose was requested and submitted to RQIA following the inspection.

City Way Day Centre is very busy and there is a high turnover of service users resulting in approximately four new admissions each month. A review of four service users’ individual care records confirmed that these were maintained in line with legislation and standards. They included referral information, a service user agreement, an up to date assessment of needs, including a range of risks assessments relevant to individual abilities, disability or condition. Care plans set out each service user’s needs in detail, along with objectives for each person’s care and the actions required to meet the agreed outcomes. Written records were kept of each service user involvement and progress at the centre. Entries were made in response to the significance of events and were in keeping with the frequency specified by the minimum standards. Records of six weekly and annual care reviews for each service user demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. A written review report was available in each file examined and included the views of the service user and was informed by the written progress notes. Contact sheets recorded the involvement of families and professionals. Dates and signatures were present in



all files examined. There was evidence of continuous improvement in the care planning and delivery process and regular audits of practices were completed.

During discussions staff revealed that they felt care provided to service users within the setting was effective. They were knowledgeable regarding service users' needs and care plans; they described how intervention with each service user was person centred depending on their individual needs. Staff discussed the systems in place to ensure any updates or changes in service users' needs were discussed and shared as necessary.

The discussions with staff and review of service user 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 day care staff consulted with the multi-disciplinary team, in a proactive, timely and appropriate manner. A senior social worker spoken to during the inspection described the centre as "an excellent facility, staff very aware of the need for effective communication, everyone is very skilled and professional."

The Statement of Purpose and Service User Guide provided information on how to make a complaint and the importance of ensuring service users' opinions and feedback is heard and appropriate action taken.

The interactions observed between staff and service users throughout the inspection confirmed that staff were suitably skilled and effective in communicating with all service users. There was good evidence of person centred interventions that assured service users were involved and communication opportunities were maximised.

Discussion with staff, a senior social worker and fourteen service users with regards to the provision of effective care included the following comments:

- "We know our service users and actively encourage them to maximise their potential."
- "A good team is essential to deliver effective care and we have a great team."
- "Social workers have commented on people's progress and their achievement, it really is person centred."
- "We are here for the service users and they know that, so if they are concerned about anything they will come to us, it may be a problem at home or just a worry, we are here to listen and can also sign post them to other services."

During the inspection nine members of staff in total were interviewed and all expressed very positive views on the quality of service provided and on the confidence they had in the practice of their colleagues.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to referral information, risk assessments, care plans and care review, audits of records, communication between service users, 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 inspection sought to assess the day care setting's ability to treat service users with dignity, equality and respect, and to fully involve service users in decisions affecting their care and support.

Discussions with service users and staff and observation of care during the inspection showed that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the day centre. Staff interactions with service users were observed to be cheerful, compassionate, caring and timely, with staff providing clear information, using appropriate language and demonstrating active listening skills.

Staff were observed on numerous occasions, offering service users' choice regarding the activity they wished to do, where they wished to go or what they wanted to eat or drink. It was apparent that service users were familiar with staff as they appeared relaxed and comfortable in their surroundings and interactions. There was genuine warmth in the engagement by staff with service users and staff spoken with were knowledgeable regarding service users likes, dislikes and individual preferences.

The inspector confirmed that service users were enabled and supported to engage and participate in meaningful activities, which had been assessed as appropriate for each service user based on their needs and goals. In discussions with several service users, they were able to identify how activities were based on their individual choice or what had been agreed as a group activity. Several service users expressed that they could decide not to participate in activities and this was observed in the morning when one service user stated "I am just going to read the paper". The inspector commended the service users and staff on the range of art and craft displayed on the walls, different service users related the enjoyment they got from painting, producing mosaics, knitting, tapestry and the choir. There was evidence from discussion with service users that staff successfully motivate and stimulate people to participate in a range of activities that have positive outcomes for their health and well-being.

Partnership working with a variety of community groups was evident and included Arts Care, Charter Youth group and local schools, "singing for breathing" workshops were organised for March 2019 and service users spoke of the recent Christmas bazaar they held and other social events.

Staff described daily informal arrangements in place that ensured service users are consulted and their views and opinions sought. More formal arrangements to promote effective communication with service users and/or their representatives were facilitated through initial and annual care reviews and the quarterly service user meetings. A sample of the minutes of these meetings were reviewed and provided evidence of service user involvement in the decision making process. One service user spoke of their involvement in the Belfast Trust's service user council and related how they obtained the views of people in City Way Day Centre and brought them to the wider community.

Evidence of additional opportunities for service users and their carers to express their views was contained in the annual satisfaction survey; the registered manager reported that she had moved the date of the annual report to correspond with the financial year April to March. It was her intention to have the setting's annual report for 2018-2019 completed by 31 March 2019 and confirmed that the report and findings would be available for all interested parties. During the monthly monitoring visits the views of service users are also sought and reflected in the report of the visit. This was evidenced in the sample of monitoring reports examined.

There were measures in place that confirmed all service users, irrespective of their needs were supported and encouraged to have equal opportunity for access to meaningful activities and engagement with others. It was encouraging to note the range of information available to service users and their carers. On the day of inspection, leaflets on various topics, such as flu information, how to access services, how to complain was displayed throughout the centre.

Discussion with service users with regards to the provision of compassionate care included the following comments:

- "I really enjoy coming here we all get on well."
- "The staff team are excellent; they would do anything for you."
- "I am treated really well."
- I have only started here, not sure if it is for me but everyone is so kind and it is a lovely place."

In discussion at lunch time four service users confirmed they enjoyed their meals, staff were noted to assist service users in a sensitive discreet manner.

Ten satisfaction questionnaires were given to the registered manager for distribution to service users and relatives/representatives. No questionnaires were returned within the timescales for inclusion in this report.

### **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, facilitating service users' involvement in activities and record keeping.

### **Areas for improvement**

No areas for improvement were identified during the inspection within this domain.

	<b>Regulations</b>	<b>Standards</b>
<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 inspector assessed the setting's leadership, management and governance arrangements to ensure they are meeting the needs of service users. The day centre is managed on a day to day basis by the registered manager who is supported by a team of support staff. There was a clear organisational structure and this information was outlined in the setting's Statement of Purpose.

During discussions with staff they demonstrated awareness of their roles, responsibilities and accountability. Positive feedback was provided by care staff in respect of leadership they received from the registered manager and senior day care worker and from effective team working. Staff confirmed that if they had any concerns or suggestions they could raise these with the management team. Staff discussed their knowledge of the whistleblowing policy and the action they would take if they could not resolve their concerns locally, however they stated this would be unlikely due to the transparent working relationships that existed within the team. From the discussions with staff it was evident they enjoyed working in the day care setting and with their colleagues.

Discussion with the management team and senior day care workers confirmed that they had a good understanding of their role and responsibilities under the legislation. The registration certificate was up to date and displayed appropriately.

The day care setting had a range of policies and procedures in place to guide and inform staff, these are also available to staff electronically. A sample of policies and procedures reviewed on the day of inspection revealed that they had been reviewed within the timescales outlined in the minimum standards.

A review of staff supervision records identified that staff were in receipt of formal supervision on a monthly basis and annual appraisals had been completed. Staff consulted on the day confirmed that supervision was supportive and expressed that it "benefited their practice and reinforced their work was to a high standard".

The complaints records maintained by the day care setting evidenced that there had been no complaints since the last inspection. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the registered manager.

There was evidence that regular staff meetings were held and records of the meetings were maintained. The record included the names of staff in attendance and agenda items. Relevant information was discussed regarding the needs of service users, forward planning and the arrangements to ensure delivery of safe and effective care.

The inspector discussed the measures in place in relation to promoting equality of opportunity for service users and the importance of staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The registered manager discussed the ways in which staff development and training enabled them to engage with a

diverse range of service users. It was confirmed that no issues regarding equality had been raised by service users to date.

Some of the areas of equality awareness identified during the inspection included:

- effective communication
- service user involvement
- equal care and support
- individual person centred care
- individual risk assessment

The day centre had collected equality data on service users such as; age, gender, race, disability, marital status via their referral information. A range of policies and guidance was in place to direct and guide staff.

There were arrangements in place to ensure staff are registered with the relevant regulatory bodies of the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates were maintained. It was confirmed that staff were aware that a lapse in their registration would result in the staff member being unable to work within the centre until their registration was suitably updated.

The inspector confirmed there were arrangements and evidence in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. As previously stated in section 6.6, the registered manager reported that she had moved the date of the annual report to correspond with the financial year April to March. It was her intention to have the annual report for 2018-2019 completed by 31 March 2019 and confirmed that the report and findings would be available for all interested parties.

The Regulation 28 monthly quality monitoring visit reports were available for inspection; these were mainly unannounced visits. Three quality monitoring reports were sampled for October, November and December 2018 and found to be satisfactory. The reports adhered to RQIA guidelines and evidenced engagement with service users, staff and professionals, with positive feedback recorded. Issues, actions and progress were brought forward from the previous monthly quality monitoring reports enabling improvements to be clearly identified.

Ten satisfaction questionnaires were given to the registered manager for distribution to service users and relatives/representatives. No questionnaires were returned within the timescales for inclusion in this report.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, staff support systems, annual satisfaction surveys, quality improvement and maintaining good working relationships.

### **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

## 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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