



The Regulation and  
Quality Improvement  
Authority

Island Resource Centre  
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**Unannounced Care Inspection  
of  
Island Resource Centre**

**07 January 2016**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1. Summary of Inspection

An unannounced care inspection took place on 07 January 2016 from 10.10 to 16.30. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	5

The details of the QIP within this report were discussed with Mr Patrick Goan, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Belfast Health and Social Care Trust/Mr Martin Joseph Dillon	<b>Registered Manager:</b> Mr Patrick Goan
<b>Person in Charge of the Day Care Setting at the Time of Inspection:</b> Mr Patrick Goan	<b>Date Manager Registered:</b> 20 April 2009
<b>Number of Service Users Accommodated on Day of Inspection:</b> 29	<b>Number of Registered Places:</b> 60

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

**Standard 5: Care Plan - where appropriate service users receive individual continence promotion and support.**

**Standard 8: Service Users' Involvement - service users' views and comments shape the quality of services and facilities provided by the Day Care Setting**

#### **4. Methods/Process**

Specific methods/processes used in this inspection include the following:

Prior to the inspection, the following records were examined:

- The registration status of the service
- Written and verbal communication received since the previous care inspection
- The returned quality improvement plan (QIP) and its report from the care inspection undertaken in the previous inspection year.

During the inspection, care delivery/care practices were observed by the inspector and a tour of the general environment took place. During the inspection process the inspector met with 12 service users and had discussions with six care staff.

The following records were examined during the inspection:

- Three complaints and three compliments
- Five accidents/untoward incidents
- Statement of Purpose
- Service user's guide
- Minutes of three service user's meetings
- Five service users care files
- Service users annual quality assurance report
- Policies and procedures regarding standards 5 and 8
- Three monthly monitoring reports.

#### **5. The Inspection**

##### **5.1 Review of Requirements and Recommendations from Previous Inspection**

The previous inspection of the day service was an unannounced care inspection dated 6 March 2015. The completed QIP was returned and approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 28 (3)</p>	<p><b><u>Monthly Monitoring Visits / Reports</u></b></p> <p>The Registered person must ensure the regulation 28 visits and reports completed on behalf of the registered person are completed monthly. If the manager is absent this must be covered to ensure a monthly report is undertaken. Measures put in place to ensure this is complied with should be reported on the returned QIP</p> <p><b>Action taken as confirmed during the inspection:</b> The designated persons undertaking Island Resource Centre's monitoring visits had previously missed several months due to sick leave or annual leave. Following the care inspection on 6 March 2015, they liaised with each other and agreed monthly monitoring visits would be prioritised and undertaken as early in the month as possible. Three monthly monitoring reports from October-December 2015 inclusive were examined as part of this inspection.</p>	<b>Met</b>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule 5. 7.</p>	<p><b><u>Staff duty roster</u></b></p> <p>The registered manager is required to develop a staff duty roster. Duty rosters are to be retained in the centre and be available for RQIA inspection.</p> <p><b>Action taken as confirmed during the inspection:</b> Following the inspection RQIA received confirmation from the registered manager that a duty roster had been established and a copy was submitted.</p>	<b>Met</b>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 29 (d)</p>	<p><b><u>Accident/incidents</u></b></p> <p>The registered manager must ensure that all accidents/incidents' are notified to RQIA as required.</p> <p><b>Action taken as confirmed during the inspection:</b> RQIA has received incident and accident notifications from Island Resource Centre. The registered manager was advised of RQIA's recently revised guidance on submitting notifications to RQIA.</p>	<b>Met</b>

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>	<b><u>Complaints recording</u></b>	<b>Met</b>
<b>Ref: Standard 14.10</b>	It is recommended that the registered manager ensures a record is made on the outcome of complaints to include any lessons learned.	
	<b>Action taken as confirmed during the inspection:</b> Lessons learned is now included on the centre's complaints template.	

### 5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

#### Is Care Safe?

The day service has corporate Trust policies and procedures pertaining to assessment, care planning and review. There are also associated guidance and information available for staff.

On the day of this inspection, staff, where appropriate and safe, encouraged and enabled service users to make their own decisions and be as independent as possible. Service users were discreetly supported by staff when this was needed. Discussions with staff reflected a person centred approach was used with service users.

With regards to continence promotion, discussions with care staff concluded there were an identified number of service users attending the centre assessed to need staff support and assistance with their personal care. Discussions with service users concluded staff were discreet when approaching them to provide support and assistance; they were sensitive and respectful; they preserved their dignity and that they try their best to make them feel at ease and comfortable throughout the personal care process. Service users stated care staff know them very well. No issues were raised.

It can be concluded care was safe in Island Resource Centre.

#### Is Care Effective?

Five service user's care plans were reviewed and focused on the quality of information pertaining to continence promotion and support. Care plans were reviewed by staff with service users on a systematic basis or when changes occur. The statement of purpose details an overview of the information that should be included in a service user's care plan.

Discussions with six care staff concluded staff were respectful, sensitive and diplomatic in the language used to support and assist service users. Staff described how they ensured service user's privacy and dignity were respected; and were knowledgeable about the use of hoists, slings, personal protective equipment and where continence products are stored. Staff explained some service users only need staff support to orientate them to the bathroom; others need one staff member and some require the help of two staff. Several service users

have a preference regarding the bathroom they use. Discussions with staff concluded they have a working knowledge of current best practice with regards to infection, prevention and control and have received training on this.

Review of five service user's care plans showed these to be person centred, comprehensive and reflective of the individual's needs. However, improvements were needed to ensure the personal care/continence sections in care plans of individuals with limited verbal communication fully reflects the service user's needs and preferences. Where relevant, the revised care plans should reflect:

- How the service user is approached
- The language / terminology used by staff
- If a preferred bathroom is used
- The name and size of continence product used and where this is stored
- The name and type of equipment used and the type and size of sling
- The number of staff needed to provide assistance
- The level of staff support and assistance needed
- If a change of clothes is available and where these are located.

With regard to standard 5, staff have received training in the following areas: care plans; assessment, recording skills and person centred awareness. It can be concluded care was effective in Island Resource Centre.

### **Is Care Compassionate?**

Discreet observations of care practices found that service users were treated with sensitivity, friendliness, care and respect. Where appropriate service users were encouraged to make their own decisions, be independent and were supported by staff when this was needed. Staff presented as knowledgeable, experienced and compassionate.

Discussions took place with a total of 12 service users, mostly in small groups around tables in the group room, dining room and individually with four service users. Service users said staff were sensitive and respectful if they needed support or assistance with going to the toilet. During conversations service users said staff encouraged them to be as independent as possible and preserved their dignity.

It can be concluded care was compassionate in Island Resource Centre.

### **RQIA Questionnaires**

As part of the inspection process RQIA questionnaires were issued to staff and service users.

<b>Questionnaire's issued to</b>	<b>Number issued</b>	<b>Number returned</b>
Staff	5	1
Service Users	5	4

Review of completed questionnaires evidenced all of the service users were either very satisfied or satisfied regarding the care and support they receive; that staff respond to their needs and that they feel safe and secure in the centre. The following qualitative comment was recorded: “the staff are very good but sometimes when there is not enough staff, some activities can’t go on because of safety.”

The completed staff RQIA questionnaire stated he/she was either very satisfied or satisfied with:

- the training received by the Trust in core values;
- communication methods;
- continence management;
- access to continence products;
- personal protective equipment (PPE);
- how to assist and support a service user with their personal care needs.

The staff member stated he/she is unsatisfied with the training in mental health/illness. RQIA emailed the Registered Manager on 29 January 2016 about this and he was asked to respond to this matter.

The overall assessment of this standard showed the quality of care to be compassionate, safe and effective.

### Areas for Improvement

Two identified areas for improvement are needed regarding RQIA’s review of standard 5. These concern:

1. Review of service user’s care pathway assessments.
2. Review of continence support information in identified service user’s care plans.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>2</b>
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## 5.4 Standard 8: Service Users’ Involvement - Service users’ views and comments shape the quality of services and facilities provided by the Day Care setting

### Is Care Safe?

The day service has corporate Trust policies and procedures pertaining to service user involvement; communication and complaints. There are also associated guidance and information available for staff.

Discussions with 12 service users, six staff and the Registered Manager reflected how service users were involved in the running of the service. Examples were given about how staff and management have responded to their suggestions, views and opinions.

An accompanied tour of the environment showed there were no fire doors wedged open and no health or safety hazards observed or infection prevention and control issues noted. The centre was clean and well maintained.

On this occasion it can be concluded safe care was delivered in Island Resource Centre.

### **Is Care Effective?**

Discussions with the Registered Manager, 12 service users and review of documentation show management and staff actively encouraged service user involvement in all aspects of their work.

Examples were given by service users of how staff ensured these were obtained for example: there is a suggestion box in the reception area; informal discussions with staff, service user meetings and their annual review of their day care placement.

There is a service users committee in Island Resource Centre called 'The Hopefuls'. RQIA met individually with the chairperson of the service users' committee. He stated there are ten service users' meetings per year, there are usually none in July or December at the service user's request due to the summer or holiday periods. The minutes of three service users meetings were reviewed. There was evidence that service users' views and opinions were sought and form the basis of all discussions. The minutes contained an agenda, the names of the service users who attended, a brief summary of discussions but did not specify if any action/s were needed. This is an area for improvement and the manager said he would meet with the chairperson and committee about this and would suggest an aide memoire or a template could be devised for the recording of future minutes of meetings.

In accordance with day care regulations, day services are involved in the annual reviews of service user's day care placements. Review of five service user's annual review reports took place during this inspection. All five review reports contained either the service user's or their representative's views and opinions of the day service.

Standard 8.4 states service user's views and opinions about the running and quality of the service are sought on a yearly basis. The most recent annual quality assurance service user survey was distributed to service users and their representatives in 2014. The manager said the Trust had undertaken an extensive consultation with service users in Island Resource Centre and two other centres in 2015 as part of their review of day care services. A summary of service users' qualitative views and comments were not specified in the centre's Annual Review of Quality of Care Report dated May 2015. Assurances were given by the manager that a survey containing questions about the quality of the Island Resource Centre service would be devised and distributed to service users in the Island Resource Centre in the near future. This is an identified area for improvement.

### **Complaints**

Since the previous care inspection, three complaints had been recorded in the complaints record. These had been investigated and the complaints record was being maintained in accordance with minimum standard 14.10. Positive comments were shared with the Registered Manager regarding the records of any lessons learned as the result of a complaint.

Discussions with service users concluded they are aware of the centre's complaints process. Service users said they would have no difficulty raising any areas of dissatisfaction, concern or complaint with staff or the manager.



## Compliments

Three compliments were randomly sampled during this inspection. These were positive about the quality of the day service and staff.

## Monthly Monitoring Reports

Three monthly monitoring reports were reviewed during this inspection. The monthly monitoring reports were qualitative and informative. They reflected the views and opinions of one or two service users each month. A discussion took place with the Registered Manager regarding the designated registered person interviewing more than one or two service users so the total number interviewed at the end of the year is more proportionate to the overall numbers of individuals attending Island Resource Centre.

It can be concluded the quality of care provision in Island Resource Centre was effective, however improvements are needed concerning monthly monitoring visits, annual quality assurance surveys and the minutes of service users' meetings.

## Is Care Compassionate?

Discreet observations of care practices found that service users' were treated with respect, kindness and care.

RQIA met and had discussions with a total of 12 service users, individually or in groups of two. Discussions with 12 service users concluded the quality of their lives has improved significantly as a result of their attendance at Island Resource Centre. Service users informed the inspector staff frequently ask them for their views and opinions about different aspects of the day service.

A sample of the comments made by service users about the day service included:

- "I love coming here, it's the highlight of my week."
- "I like the centre, it gets me out of the house. When you're at home, you can have too much time to think. I would like to do more in the centre."
- "I never knew places like this existed. I was very nervous about coming but knew I had to at least try. I'm so glad I did, this centre is tremendous, it has helped me so much and I've made friends. Coming here is time for me and I really look forward to it. The manager and staff are all brilliant."
- "This place is great, I enjoy coming here and have made lots of friends. Everyone is friendly, the staff are kind."
- "I look forward to my days in the centre, as it can be lonely at home. I meet my friends here and the centre has helped me loads. The girls are good to us and they listen."
- "I like it here but would like more independence when I want to go out through the doors."
- "Everyone is lovely here, it's a great centre and I'd be lost without it."

- “I really enjoy coming here, though sometimes the lunch can be lukewarm.”

Three identified service users were encouraged to discuss their areas for improvement or dissatisfaction with the manager or staff. These matters were discussed with the Registered Manager who agreed to meet with the respective individuals in attempts to resolve them.

It can be concluded the quality of care provision in Island Resource Centre was safe, effective and compassionate.

### Areas for Improvement

Two areas for improvement were identified as a result of examination of this standard. These regarded:

1. Service users views and opinions.
2. Monthly monitoring reports.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>2</b>
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## 5.5 Additional Areas Examined

### 5.5.1. Accidents and Untoward Incidents

Five accident and untoward incident forms were randomly sampled during this inspection. The service’s accident and untoward incident records were being maintained in accordance with regulation 29. A discussion took place with the registered manager about RQIA’s revised guidance for providers on the notifications of accidents and untoward incidents.

### 5.5.2. Environment

The general décor and furnishings were fit for purpose and there were displays of service user’s photographs, art work and pictures on walls and notice boards around the centre. The centre was observed to be clean, tidy and well maintained. During an accompanied tour of the building, an identified number of unused computer monitors and keyboards were observed on the floor in the training kitchen. The manager said he is waiting on the Trust removing these items.

### Areas for Improvement

One area for improvement was identified as a result of the examination of additional areas. This concerned the removal of unused computer monitors from the training kitchen.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>1</b>
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## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Patrick Goan, Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 4.3 and 4.4</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 08 April 2016</p>	<p>The Registered Manager should ensure service user's care pathway assessments and any other assessments are continually reviewed so they are kept up to date to accurately reflect at all times the needs of the service user.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Following the inspection any outstanding service user care pathway assessments were reviewed and fully updated by staff. The registered manager will ensure these are updated by staff when there is any change and that they are all reviewed on a regular basis.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 5</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 08 February 2016</p>	<p>With regards to service user's care plans, the Registered Manager should ensure:</p> <p>(a) For those service user's with non-verbal communication; the personal care section is reviewed so that it fully reflects the individual's continence support needs. Where relevant, the revised care plans should reflect:</p> <ul style="list-style-type: none"> <li>• How the service user is approached</li> <li>• The language/terminology used by staff</li> <li>• If a preferred bathroom is used</li> <li>• The name and size of continence product used and where this is stored</li> <li>• The name and type of equipment used and the type and size of sling</li> <li>• The number of staff needed to provide assistance</li> <li>• The level of staff support and assistance needed</li> <li>• If a change of clothes is available and where these are located.</li> </ul> <p>(b) When care plans are updated or amended; signatures from all relevant parties are obtained.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> (a) Following the inspection staff have, where relevant, specifically listed the above points in the care plans of those service users with non-verbal or poor communication. Previous to the inspection staff had completed an individual continence plan for all service users requiring continence support and these are kept adjacent to the care plan in the service user's file.</p> <p>(b) Registered manager has requested staff to ensure that any updates or changes to care plans are signed as promptly as possible by all relevant parties.</p>

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 8</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> Immediate and ongoing for (a) and 08 July 2016 for (b)</p>	<p>With regards to the views and opinions of service users about the quality of the day service which includes it's facilities; the Registered Manager should ensure:</p> <p>(a) An annual quality assurance survey is undertaken and an evaluation report is completed about same. This should be made available and shared with service users and their carers/representatives. The report should incorporate:</p> <ul style="list-style-type: none"> <li>• qualitative comments made</li> <li>• if any issues were raised</li> <li>• the actions (with time frames) to be taken in response to issues raised (standard 8.4 and 8.5).</li> </ul> <p>(b) The minutes of service users' meetings should also include:</p> <ul style="list-style-type: none"> <li>• Summaries of discussions regarding the agenda items;</li> <li>• If any action is needed and who is responsible for same;</li> <li>• The subsequent minutes should reflect if the identified action/s were completed (standard 8.2)</li> </ul>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 17.10</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> Immediate and ongoing</p>	<p>The designated registered person should interview more than one service user during monthly monitoring visits so that the overall views and opinions of individuals at the end of a year is more proportionate to the total number of service users attending Island Resource Centre.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>(a)The registered manager will ensure that a service user questionnaire/ survey will be carried out on an annual basis and outcomes of this will be included in Annual Report which as normal will be made available to service users and their carers/representatives.</p> <p>(b)Following the inspection the registered manager liaised with the "Hopefuls" service user committee and have together have drawn up a pro- forma for taking minutes that will more accurately reflect the content of the meetings and the actions and outcomes of same.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>The registered manager will request the monitoring officers to speak individually to more than one service user during the monthly monitoring visits. The registered manager will request at least two service users to speak to the monitoring officer and the monitoring officer can also speak to groups of service users during these visits.</p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 25</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 08 March 2016</p>	<p>With regards to the environment and the safety of service users; the registered persons should ensure all unwanted equipment and other unused items are removed from the centre. The completed returned QIP should state the date these unused items were removed.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>During the inspection it was identified that a lot of old IT equipment needed to to be removed and manager explained that the Trust was</p>

	currently tendering a contract for this. Since the inspection the registered manager has made enquiries and through e-procurement system arranged removal of all these items and this will be completed by the date advised by inspector.		
<b>Registered Manager Completing QIP</b>	Patrick Goan	<b>Date Completed</b>	26-02-16
<b>Registered Person Approving QIP</b>	Martin Dillion	<b>Date Approved</b>	1.3.16
<b>RQIA Inspector Assessing Response</b>	Louise McCabe	<b>Date Approved</b>	08.03.16

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