

# Unannounced Care Inspection Report 8 December 2016



## Island Resource Centre

Type of service: Day Care Setting  
Address: Cuba Walk, Belfast BT4 1EQ  
Tel no: 02895043140  
Inspector: Priscilla Clayton

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Island Resource Centre took place on 8 December 2016 from 9.40 to 16.40 hours.

The inspection sought to assess progress with any issues raised during and 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.

### Is care safe?

There was evidence to confirm that the service provided was safe. This was obtained from records examined, including care records; associated policies/procedures; accident/incident records and staff training; and from staff, service users and one relative who spoke with the inspector.

Three recommendations made included:

- Commence and record the outcome competency and capability assessments of staff who would be in charge when the manager is out of the centre.
- The inclusion of the named person for adult safeguarding should be made known to staff and included within the centre's adult safeguarding policy.
- Ensure staff signatures are recorded when any money is received from service users.

### Is care effective?

Evidence of the effectiveness of care was gained from discussion with staff, service users, one visiting professional and one relative, all of whom confirmed that they felt the care provided was very effective. There was evidence of effective care contained within care records examined, minutes of service users meetings and staff meetings.

Two areas identified for improvement within the "Is care effective?" domain related to review and revision of the statement of purpose and availability of the service user guide.

### Is care compassionate?

There was strong evidence provided that the care provided was compassionate from staff and service users, who explained that there was a culture/ethos within the centre which supported core values as reflected within the service user guide and statement of purpose.

There was a range of policies and procedures in place which supported the delivery of compassionate care.

No requirements or recommendations were made in the "Is care compassionate?" domain.

### Is the service well led?

There was evidence that the service was well led. This was evident in a number of records examined and responses from staff, service users, one relative and visiting professionals. Positive results were shown within the annual quality report dated 2015-16. Other records in

place included staff supervision, appraisal, staff training and staff meetings held on a regular basis.

One recommendation made related to ensuring hard copies of policies/procedures match those held electronically.

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	6

Details of the Quality Improvement Plan (QIP) within this report were discussed with Elizabeth Van Gulik, senior day care worker, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

### 1.2 Actions taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent care inspection on 7 January 2016.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Belfast HSC Trust/ Martin Joseph Dillon	<b>Registered manager:</b> Patrick Goan
<b>Person in charge of the service at the time of inspection:</b> Elizabeth Van Gulik	<b>Date manager registered:</b> 20 April 2009

### 3.0 Methods/processes

Prior to inspection we analysed the following records:

- Report and QIP from previous inspection dated 7 January 2016
- Accident / incident notifications

During the inspection the inspector met with all service users, twelve individually and with others in small group format, four care staff, visiting professional and one service user's relative.

The following records were examined during the inspection:

- RQIA registration certificate
- Statement of purpose
- Service user guide
- Selection of policies and procedures including those in respect of:
  - Adult safeguarding
  - Whistleblowing
  - Restrictive practice
  - Risk management
  - Staff recruitment and selection
  - Infection prevention and control
- Staff training
- Staff supervision and appraisal
- Service user meetings
- Audits / satisfaction surveys
- Monthly monitoring visits
- Staff duty roster
- Care records x 4
- Complaints
- Accidents/incident
- Staff registration status
- Fire risk assessment/equipment checks

Fifteen questionnaires were given to the senior care worker in charge for distribution to staff (five), service users (five) and representatives (five). No questionnaires were completed and returned to RQIA within the timescale.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the last care inspection dated 7 January 2016

Last inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 4.3 and 4.4 <b>Stated:</b> First time	The Registered Manager should ensure service users' 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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Four care records were randomly selected and assessments reviewed. These were noted to be updated as recommended.	

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 5</p> <p><b>Stated:</b> First time</p>	<p>With regards to service users' care plans, the Registered Manager should ensure:</p> <p>(a) For those service users 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>Action taken as confirmed during the inspection:</b> Four care records reviewed confirmed that sections (a) and (b) of this recommendation had been addressed.</p>	<p><b>Met</b></p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 8</p> <p><b>Stated:</b> First time</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>Met</b></p>

	<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>Action taken as confirmed during the inspection:</b></p> <p>a) An annual service user satisfaction survey was undertaken with a report developed showing the outcome and action taken.</p> <p>b) The minutes of service user meeting were reviewed. These were noted to include details as stated within Section (b) of this recommendation.</p>	
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 17.10</p> <p><b>Stated:</b> First time</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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of three monthly monitoring reports evidenced that this recommendation had been addressed.</p>	
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 25</p> <p><b>Stated:</b> First time</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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Equipment which was no longer required had been removed as recommended.</p>	

#### 4.2 Is care safe?

Discussion with the senior day care worker in charge confirmed that staff employed was sufficiently qualified, competent and experienced to meet the assessed needs of service users in attendance each day. This was also confirmed by staff and service users who met with the

inspector. Records of named staff working in the centre each day, alongside hours worked were recorded within the duty roster retained within the general office.

The senior day care worker explained that only experienced senior day care workers would ever be in charge at any time when the manager is out of the centre, and that a competency and capability assessment template had recently been developed by the manager for the recording of the outcome of each assessment. One recommendation was made in regard to the undertaking of assessments.

Employment records of staff were held within the Belfast Health and Social Care Trust (BHSCT) human resource department. The senior day care worker confirmed that employment procedures were always in keeping with the BHSCT policy/procedures, and that the registered manager would be involved in the review of information, including: staff application forms, references and Access NI checks records.

Induction records of two staff employed were reviewed and discussed with the senior day care worker and staff. Records reviewed contained a comprehensive account of the standard to be achieved, which was noted to be in keeping with Northern Ireland Social Care Council (NISCC) recommendations. Induction programmes were noted to be signed and dated by the staff member and mentor on achievement of each standard. Electronic policies and procedures were retained in regard to employment and induction of new staff.

Mandatory staff training was discussed with the senior care worker and records reviewed. Training provided was recorded which included safeguarding of vulnerable adults and whistleblowing.

Records of accidents/incidents were discussed with the senior care worker who explained the correct procedure in regard to notification to RQIA. Records of accidents/incidents were held electronically within the BHSCT datix system recently established. Hard copies of those notified to RQIA were retained. The senior care worker explained that any issues arising from the investigation of accidents or incidents reported would be undertaken, and where necessary risk assessments undertaken; and where necessary risk reflected within care plans, including measures in place to minimise any identified risk.

The senior care worker confirmed that no safeguarding allegations were currently active and should any arise that the correct procedure would be followed in accordance with BHSCT policy and procedures. Staff training in the protection of vulnerable adults was provided on a two yearly basis. The senior care worker confirmed that she was aware of the new DOH policy entitled Prevention, Protection in Partnership (April 2015) and that the named safeguarding "champion" for the centre was to be decided by senior management. One recommendation was made in regard to the inclusion of the named person within the revised safeguarding policy and made known to staff.

The senior day care worker and staff confirmed that no restrictive practices take place in the centre. Policies and procedures on restrictive practice were in place and available to all staff.

Records of all daily payments for lunch are received from the service user on arrival at the centre each day, which is recorded by staff and an electronic record made. Additionally, each service user chooses, from the menu, the preferred meal of the day which is recorded and forwarded to kitchen staff. One recommendation made related to ensuring signatures is recorded by staff when money is received. During the inspection the senior day care worker

redesigned the recording template, to include a section for staff signatures for each transaction made.

An inspection of the centre was undertaken. All areas were observed to be clean, tidy, organised and appropriately heated. COSHH substances were noted to be securely stored. A new sensory room has recently been developed and equipped with new sensory appliances. The centre's occupational therapist undertakes responsibility in respect of the personal centred care in this regard. In addition, a new relaxation room has also been made available for service users to use for quiet "time out" sessions when desired. The addition and availability of well-resourced sensory and relaxation rooms is to be commended.

Necessary infection protection and control measures were in place with a good standard of hygiene observed throughout the centre: "seven step" hand hygiene notices were positioned at all wash hand basins; availability of disposable gloves and aprons which were used as required; provision of staff training in infection, prevention and control; and availability of a trust policy on infection prevention and control.

Fire doors were closed with exits unobstructed. The centre's current fire risk assessment could not be located during the inspection by the senior care worker; this was forwarded to RQIA following the inspection. This was considered to be in keeping with safe fire safety standards.

One service user's relative who spoke with the inspector gave very positive feedback in regard to the overall care provided by staff and her relative's experience of attending the centre each week. Care was described as "excellent" and staff were commended on the sharing of information and the warm welcome she always received.

Four care staff who spoke with the inspector gave positive feedback in regard to the provision of safe care and confirmed that staff training, supervision, appraisal and staff meetings were provided. They also explained that there were good multi-professional working in the planning and monitoring of care.

### Areas for improvement

Three recommendations were made for improvement within this domain. These related to the following areas:

- Commence and record the outcome of competency and capability assessments of staff who would be in charge when the manager is out of the centre.
- The inclusion of the named person for adult safeguarding should be made known to staff and included within the centre's adult safeguarding policy.
- Ensure staff signatures are recorded when any money is received from service users.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	3
-------------------------------	---	----------------------------------	---

### 4.3 Is care effective?

The senior care worker in charge confirmed that each service user or their representative was provided with a service user agreement that sets out the terms of their day care placement. Copies of the agreement were retained within the centre.



The centre's statement of purpose was reviewed. The service user guide was not available for inspection. Two recommendations were made. Firstly, in regard to review and revision of the statement of purpose as the current registered person's name should be reflected, and secondly the availability of the service user guide and that each service user receives a copy.

Four service users care records were provided for review by the inspector. These were found to be in line with legislation and minimum care standards including, for example; holistic care needs assessments which were complemented with updated risk assessments; person centred care plans, including management of behavioural issues; and regular records of the health and wellbeing of the service user. Records of reviews held were in place which included participation of the service user. There was also recorded evidence of multi-professional collaboration in planned care.

Reviews of care were undertaken within the first four weeks of placement to ensure suitability of the placement. Further reviews were held following 16 weeks of attendance, and then annually. The senior care worker confirmed that review can be called at any time should this be necessary.

There were effective systems in place to promote effective communication between service users, staff and other stakeholders. This was evidenced within a number of sources including: care records examined; minutes of bi-monthly service users' meetings; minutes of weekly staff meetings; annual satisfaction survey; information notices on health and social care and photographs displayed.

Staff, service users, one relative and a visiting professional confirmed that the modes of communication in use were effective and that these were enhanced through the "open door" policy operated by the manager.

Service users and one relative confirmed they were aware of whom to contact if they had any issues or concerns about the service.

There was evidence that service users were enabled and supported to engage and participate in a range of meaningful activities, social events, work and education opportunities, hobbies and interests, for example: cookery demonstrations, passive exercises, adult literacy, outings, bingo, and various games including pool. The occupational therapist is in the centre four days each week and the physiotherapist visits one day to provide assessment, monitor progress and give advice and support when required.

Discussion was held with the visiting community access worker who is employed by the trust physical disability team, with referral from the social worker, to review profiles and discuss with the service user, to determine if they meet the criteria for possible opportunities within the community, for example within education or attendance at a community centre to participate in their chosen therapeutic activity, including specialised craft work, art or woodwork. This new development has had a very positive response, with several placements already made.

The senior care worker explained that the annual quality report had been shared with the service users, with a copy displayed on the notice board in the hallway. The report contained an overview of consultation held with service users, representatives and staff over the past twelve months, and summary of their views and commentary on the quality of care and support provided in the centre. Areas undertaken in the survey included, for example, care records, complaints, recruitment records/employment checks, risk assessments, medication management, accident/incidents, complaints, staffing, fire safety, staff training and professional

development. An action plan was in place with included timescales, completion dates and signature of the staff responsible.

Service user who met with the inspector provided positive feedback regarding the care provided in the centre and praised the staff on the excellent care and support provided. Three service users were not sure they had received the service user guide.

No issues or concerns were raised or indicated by service users.

### Areas for improvement

Two areas identified for improvement within the “Is care effective?” domain related to review and revision of the statement of purpose and availability of the service user guide.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	2
-------------------------------	---	----------------------------------	---

#### 4.4 Is care compassionate?

The senior care worker in charge 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. This was reflected within the statement of purpose, service user guide, care records and minutes of service user meetings.

There was a range of policies and procedures in place which supported the delivery of compassionate care.

Discussions with service users confirmed that consent was sought in relation to their care and treatment. Observation of staff practice and 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.

The annual quality report reviewed provided an overview of consultation with service users and summary of their views on the service and support provided. Reference to the report is made within section 4.4 of this report.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
-------------------------------	---	----------------------------------	---

#### 4.5 Is the service well led?

Patrick Goan, the registered manager, was off duty on the day of this unannounced inspection. Elizabeth Van Gulik, senior care worker who was in charge of the centre, demonstrated very good knowledge and understanding of the day care regulations and minimum standards. She

has many years of experience working within the centre and is currently working towards achievement of a qualification in QCF Level 5.

In keeping with legislation, the centre's current RQIA registration certificate was displayed within a prominent position.

The senior care worker confirmed that the centre operated in accordance with the regulatory framework and that the health and social care needs of service users were met in accordance with the centre's statement of purpose.

There was a range of corporate policies and procedures to guide and inform staff which were held electronically with several held in hard copy format. Staff demonstrated awareness of policies including the policy and procedure on Whistle blowing, dated 17 October 2014. One recommendation made related to ensuring that hard copies of policies and procedures held match those held electronically.

The senior care worker and staff confirmed that individual supervision is provided every six to eight weeks, and annual appraisal. Records of supervision and appraisal were retained. Staff meetings were held weekly with minutes recorded which included names of staff in attendance and discussions held.

Records of complaints received were reviewed and discussed with the senior care worker. Complaints records examined were recorded and managed satisfactorily. A notice on how to complain was displayed and a corporate policy/procedure was available. Audit of complaints received during the past year was undertaken with action taken by management to address issues and minimise recurrence. Complainants' satisfaction with the outcome of investigation was recorded.

Accidents and incidents were discussed with the senior care worker and records examined. Audits of accidents were undertaken and reported within the annual quality report. Records showed that accidents/incidents were investigated, with reports forwarded by the manager to the trust risk governance department for monitoring and review purposes. Notifications of accidents/incidents were forwarded to RQIA as required.

Auditing arrangements, as previously stated, are reflected within Sections 4.4 and 4.5 of this report.

Monthly monitoring visit made on behalf of the registered provider were undertaken, with reports provided in keeping with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A notice was displayed on the central notice board at reception to inform service users, staff and relatives of their right to request to see a copy of the report.

### Areas for improvement

One recommendation made related to ensuring hard copies of policies/procedures match those held electronically.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
-------------------------------	---	----------------------------------	---

## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Elizabeth Van Gulik, senior care worker, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meet legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

## 5.2 Recommendations

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

## 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to **the web portal** for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

Recommendations	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 17.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 February 2017</p>	<p>The registered provider should undertake and record competency and capability assessments of staff that would be in charge when the manager is out of the centre.</p> <p><b>Response by registered provider detailing the actions taken:</b> Manager will undertake written assessments of the Senior Day Care Worker and the Day Care Workers in the centre to ensure their competency/capability when in charge of the centre during absence of manager.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 13.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2017</p>	<p>The registered provider should ensure that the named adult safeguarding "champion" is made know to staff and included within the revised policy on adult safeguarding.</p> <p><b>Response by registered provider detailing the actions taken:</b> In regard to the Island Day Centre the "champion" is Marie Heaney, Assistant Director of Older People's Services and Chair of the BHSCCT Local Adult Safeguarding Partnership Group. This has been included in the Adult Safeguarding File and staff have been made aware of this at the team meeting. Action completed 25/01/17</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 11.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 9 December 2016</p>	<p>The registered provider should ensure staff signatures are recorded when service users' money is received.</p> <p><b>Response by registered provider detailing the actions taken:</b> The staff at the centre are now recording and signing for the amount of money received from each service user. Action completed 09/01/17</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 17.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 February 2017</p>	<p>The registered provider should ensure that the centre's statement of purpose is reviewed and revised to include the name of the current registered provider.</p> <p><b>Response by registered provider detailing the actions taken:</b> The centre's Statement Of Purpose has been fully reviewed and updated by the manager and includes the name and details of the current registered provider. Action completed 12/01/17</p>

<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 17.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 February 2017</p>	<p>The registered provider should ensure that the service user guide is available within the centre and that each service user receives a copy.</p> <p><b>Response by registered provider detailing the actions taken:</b> A service user guide in booklet form has now been drawn up and a copy of this will be given to each service user . A copy of this guide will also be given to all new service users on their first day of attendance at the centre.</p>
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2017</p>	<p>The registered person should ensure that hard copies of policies and procedures match those held electronically.</p> <p><b>Response by registered provider detailing the actions taken:</b> Manager will ensure that any printed copies of relevant policies and procedures are updated to match those on the Trust's electronic system.</p>



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

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

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

 @RQIANews