

Unannounced Care Inspection Report 11 October 2017



Island Resource Centre

Type of Service: Day Care Setting
Address: Cuba Walk, Belfast, BT4 1EQ
Tel No: 02895043140
Inspector: Dermott Knox

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a Day Care Setting with 60 registered places, providing supportive services, including rehabilitation, for people with physical disability, sensory impairment, or mental health needs.

3.0 Service details

| | |
|---|--|
| Organisation/Registered Provider: Belfast HSC Trust | Registered Manager: Mr Patrick Goan |
| Responsible Individual(s): Mr Martin Joseph Dillon | |
| Person in charge at the time of inspection: Mr Patrick Goan | Date manager registered: 20 April 2009 |
| Number of registered places: 60 | |

4.0 Inspection summary

An unannounced inspection took place on 11 October 2017 from 10.30 to 18.00.

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

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

Evidence of good practice was found in relation to:

- direct work with service users, including a reminiscence group and art and craft groups
- service user involvement
- planning, staffing and delegation
- record keeping
- safety checks
- safeguarding vulnerable people
- maintaining the premises
- care records
- staff supervision
- quality audits
- monitoring visits and reports
- staff induction
- leadership and organisation

No areas requiring improvement were identified at this inspection

Service users said:

- “At first I was really nervous about coming here, but it has been great. Everybody here is so helpful and encouraging.”

- “Our wee group has just changed my life. People here really understand what you might be going through. People accept you as you are.”
- I never painted anything before I came here and now I just want to do it all the time. Lorna has given me a lot of help to learn different techniques.”
- “It’s great here. We made Irish stew this morning and it wasn’t all that difficult.”

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

4.1 Inspection outcome

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Patrick Goan, registered manager, and Elizabeth Van Gulik, senior day care worker, 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 08 December 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 08 December 2016.

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
- quality Improvement Plan from the previous inspection on 08 December 2016
- the RQIA log of contacts with, or regarding Island Resource Centre

During the inspection the inspector met with:

- ten service users in group settings
- five care staff in individual discussions
- the registered manager and the senior day care worker throughout the inspection

Questionnaires were left with the manager to be distributed to service users, staff and a number of relatives or carers of service users. Ten completed questionnaires were returned to RQIA by 25 October 2017, five from service users and five from staff members.

The following records were examined during the inspection:

- file records for four service users, including assessments and review reports
- progress records for four service users
- monitoring reports for the months July, August and September 2017
- records of three staff meetings held in 2017
- minutes of three service users' meetings held in 2017
- selected training records for staff, including staffs' qualifications
- records of staff supervision dates
- the Statement of Purpose
- Staffing record
- Fire safety records
- Records of complaints, including outcomes
- Records of incidents and accidents
- Policy documents on 'Safeguarding Vulnerable Adults', including an 'Easy Read' version designed for some service users (Our plan about keeping people safe)
- Reports of the progress and outcomes of music therapy sessions

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met. The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 08 December 2016

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

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

6.2 Review of areas for improvement from the last care inspection dated 08 December 2016

| Areas for improvement from the last care inspection | | |
|---|---|--------------------------|
| Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012 | | Validation of compliance |
| Area for improvement 1 Ref: Standard 17.2 Stated: First time | 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. | Met |
| | Action taken as confirmed during the inspection: | |

| | | |
|---|---|------------|
| | The centre's file of competence and capability assessments for the senior day care worker and five day care workers was examined and was found to be satisfactory. | |
| Area for improvement 2 Ref: Standard 13.2 Stated: First time | 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. | Met |
| | Action taken as confirmed during the inspection: Information on the safeguarding 'champion' was available in the centre's Safeguarding file and the sharing of this information was recorded in minutes of a staff meeting in January 2017. | |
| Area for improvement 3 Ref: Standard 11.3 Stated: First time | The registered provider should ensure staff signatures are recorded when service users' money is received. | Met |
| | Action taken as confirmed during the inspection: Service users pay at reception on arrival in the morning and reception staff receive and sign for the monies. | |
| Area for improvement 4 Ref: Standard 17.6 Stated: First time | 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. | Met |
| | Action taken as confirmed during the inspection: A revised and up to date statement of purpose was available in the centre. | |
| Area for improvement 5 Ref: Standard 17.8 Stated: First time | The registered provider should ensure that the service user guide is available within the centre and that each service user receives a copy. | Met |
| | Action taken as confirmed during the inspection: The manager provided a copy of the service user guide that has been given to all service users and now forms part of the initial information pack for people referred to the centre. | |

| | | |
|---|--|------------|
| Area for improvement 6 Ref: Standard 18 Stated: First time | The registered person should ensure that hard copies of policies and procedures match those held electronically. | Met |
| | Action taken as confirmed during the inspection: All written policies and procedures are now kept on the Trust's computer network, the 'Hub' and are available there to all staff. | |

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.

Island Resource Centre premises were well maintained and in good decorative order, with no obvious hazards for service users or staff. Services are provided in the centre in several groups, operating in spacious rooms that are suited to the size of the group and the nature of the activity. Small rooms are available for individual work with service users, when necessary. The centre has little outdoor space for service users' activities, though much use is made of other venues for interests such as swimming at leisure centres and pool competitions. The manager described the staffing arrangements for walking groups and swimming groups, which were carefully planned to ensure safety for each service user who participated.

The 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. All staff members expressed strong commitment to their work with service users and confirmed that the work is enjoyable and rewarding. Staff described the range of interests and activities that they each supported service users to develop. There was evidence that all staff had been trained appropriately for their specific areas of responsibility.

Safeguarding procedures were understood by staff members who were interviewed, who confirmed that practice throughout the centre was of a high quality and that they were trained to respond professionally in all situations. Safeguarding training had been provided for all staff and was identified in the training records for 2016--17. The manager had recently completed training for the role of investigating officer regarding safeguarding concerns. There were systems in place to ensure that risks to service users were assessed regularly and managed appropriately and this included inputs by community based professionals. Since the previous care inspection five notifications of incidents or accidents had been received by RQIA from Island Resource Centre. Three of these were of low level concern and all five had been managed appropriately.

Fire alarm systems checks were carried out and recorded on a weekly basis and fire exits were seen to be unobstructed. Fire safety training for all staff was included in the training records and the manager and one day care worker were scheduled to undertake Fire Warden training in the week following this inspection. Risk assessments with regard to transport, mobility and

moving and handling, or other areas specific to the individual, were present where relevant and each one had been signed as agreed, either by the service user or a representative. The monitoring officer carries out regular audits of a range of the centre's operations and data is presented monthly in monitoring reports.

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 aided by a specific 'Suggestion; Compliment; Complaint' form, introduced to promote feedback from service users. This focussed positively on improvement with the goal, stating, "This is an opportunity for you to inform us about the service we provide so that we can improve." Four complaints had been received within the period since the previous care inspection, all referring to the transport arrangements and all had been managed appropriately. RQIA has been informed by the Belfast H&SC Trust that a review of transport arrangements for day care services is underway.

Staff presented as being well informed of the needs of each service user and of methods of helping to meet those needs safely. Observation of the delivery of care, throughout the period of the inspection, provided evidence that service users' needs were being met safely by the staff on duty.

The evidence presented supports the conclusion that the manager and staff are focussed clearly on the provision of safe care in Island Resource Centre.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk 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.

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

6.5 Is care effective?

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

The centre's Statement of Purpose and the Service User's Guide provide the information required by regulations and minimum standards. Ten service users provided information, verbally, in the course of the inspection. The feedback was positive in all respects, including the effectiveness of the care provided. Four service users confirmed that the service had contributed very positively to their lives, through attending the centre and participating in activities in the community, which were arranged by the centre's staff. In the centre's quality survey, carried out in 2016, several service users commented on the positive impact of the service on their lives and their motivation.

The centre has a well-equipped physiotherapy room and physiotherapy is one of several services available to those whose assessed needs indicate the potential benefits of its inclusion in their programme. The centre has a full-time Occupational Therapist on staff and also arranges inputs by Speech and Language Therapists and attendance at Music Therapy sessions. Very detailed and well-presented evaluations of two music therapy programmes were available as evidence of the effectiveness of this aspect of the centre's service.

Four service users' files were examined during this inspection and each was found to contain detailed referral and assessment information on the individual and on his or her functioning, along with a written agreement on the terms of the individual's attendance. Each file also contained a signed consent form for information to be accessed appropriately by other professionals. Care plans identified service users' needs in good detail setting out the objectives for each person's care and the actions required of the day care staff, in order to meet the objectives.

Each of the files examined contained risk assessments appropriate to the individual service user, making the risk and vulnerability levels clear for staff involved in the work with that person. Written records were kept of each service user's involvement and progress at the centre. Entries were made in keeping with the frequency stipulated by the minimum standards. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. Well written review records were available in each of the files examined and these included the service user's views and were informed by the written progress records. Dates and signatures were present in all of the care records examined and attention to detail generally was of a high standard.

There are spacious rooms available for group activities and the centre currently operates in five separate groups, whose numbers are dictated by the service users' needs, choice and agreed programme. Where assistance was required, for example with mobilising or personal care, staff provided it discretely and respectfully. Ten service users presented positive views of the enjoyment and support that they gained from taking part in the centre's activities, such as arts and crafts, boccia, cookery, pool, computer skills and massage. Service users confirmed that meals were always of a good standard. Six people spoke of the value they gained from each other's company and the general banter and humour that goes with it.

Evidence from discussions with service users, from written records and from observations of interactions between service users and staff, confirmed that service users viewed the centre as an enjoyable place in which to spend their time. The manager and staff work purposefully to involve service users in a variety of experiences, making full use of the available facilities. Five staff members returned completed questionnaires to RQIA, following the inspection visit. All five indicated that they were either very satisfied or satisfied with the quality of the service, its safety, effectiveness, compassion and the leadership of the team. One person expressed the need for more discussion in staff meetings on the specific needs of current and potential service users and this need was communicated to the manager by phone.

Overall, the evidence indicates that the care provided is effective in pursuing the objectives of each service user's care plan and in promoting service users' wellbeing and fulfilment.

Areas for improvement

No areas for improvement were identified during the inspection.

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

6.6 Is care compassionate?

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

Observations of activities throughout the centre provided evidence of service users relating positively to staff and to each other. Service users enjoyed tea or coffee and toast when they arrived in the morning and two people said they looked forward to this time together to chat with friends. Several people chatted in a relaxed way with the inspector about the activities they liked to do at the centre and some of the ways in which attendance at the centre had helped to improve their health and sense of wellbeing. Discussion focussed for a while on the structure of the programmes/activities available to service users when they attend. Normally there were at least four different sessions available in the morning and four in the afternoon. One service user said that s/he felt there was a strong expectation to select an activity and to attend it regularly. Others said that they felt free to pick and choose, as long as there were places available.

Staff demonstrated a good knowledge of each service user's assessed needs and worked to engage each person in activities of their choice, some of which had been pre-planned as being appropriate for the individual's needs and condition. There was evidence to show that the centre's staff successfully motivate service users to participate in a range of programmes that have positive outcomes for health and wellbeing. In all of the practice observed, interactions between staff and service users were warm, respectful and encouraging. Staff were observed being attentive to each person's needs, listening to their views and involving them in deciding what they wanted to do while in the day centre. One service user said that he spent all of his day centre time in the art room, painting, as that was what he felt was most fulfilling for him. Throughout the centre paintings, mosaics and embroidery works were attractively displayed.

There were measures in place to ensure that the views and opinions of service users were sought formally and taken into account in all matters affecting them. There is a very active service user group, who named themselves 'The Hopefuls' and who have a well organised committee, organising outings, competitions, meals and celebrations. On the day of this inspection, eleven people in the centre's pool team went to a nearby hotel for lunch, accompanied by one care staff member and the driver of the bus. One of the committee members explained the range of activities of 'The Hopefuls' and was enthusiastic about the level of service users' involvement.

An annual survey and a report of the findings is completed, most recently in December 2016. Results of the survey of service users' and carers' satisfaction were entirely positive. Service users confirmed that they have very high levels of satisfaction with almost all aspects of the service, although several complaints had been made during 2017 about transport arrangements which, for some people, limited their day centre experience to less than four hours per day. The manager had taken appropriate steps to seek improvements in this regard.

During each monthly monitoring visit, the views of a sample of service users were sought and their views were reflected in all three of the monitoring reports that were reviewed at this inspection. Five service users returned completed questionnaires to RQIA indicating that they

were very satisfied, (one satisfied), with the quality of the service in all four domains, Is care safe?, Is care effective?, Is care compassionate? and, Is the service well led?

The evidence indicates that Island Resource Centre consistently provides compassionate care to its service users.

Areas of good practice

Examples of good practice were found throughout the inspection in relation to:

- listening to and valuing service users
- facilitating service users' involvement in a range of rehabilitative activities and leisure interests
- maintaining records of service each user's involvement
- supportive and compassionate interactions between staff and service users

Areas for improvement

No areas for improvement were identified during the inspection.

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

6.7 Is the service well led?

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

At the beginning of the inspection the manager provided information on the current operation of the centre and introduced service users and staff members to the inspector. A wide range of documentary evidence was provided to inform the inspection's findings. These included minutes of staff meetings and service user committee meetings, monitoring reports, service users' files, staffing information and written policies and procedures. Island Resource Centre and the Belfast Health and Social Care Trust have systems in place to ensure that staff are well-informed on the responsibilities of their roles and the expected standards of practice. All current staff members hold a relevant qualification for their posts and the manager has been encouraging staff to take appropriate opportunities to further their training and qualifications.

During each monthly monitoring visit, the views of a sample of service users and staff were sought and their comments were included in good detail in all three of the monitoring reports examined, which were for July, August and September 2017. Monitoring visits regularly took place unannounced and a report was completed every month. Monitoring reports showed that all of the required aspects of the centre's operations were checked, with action plans completed to ensure that any identified improvements would be addressed within a specified timescale.

There was evidence in records and from discussions with staff members to verify that staff training was well planned and delivered in a way that enabled staff members to connect the

course content of the training with their day to day practice. The manager and senior staff had identified a number of training topics in addition to the mandatory training for staff, in order to ensure that the needs of service users are being met by staff who are appropriately skilled and knowledgeable. Supervisory staff were knowledgeable and enthusiastic on the subject of staff's learning and this had a positive influence on the work of team members and on the overall team morale. Supervision was welcomed by staff members who said that they felt well supported and encouraged in their work.

There was evidence from discussions and from the records of weekly staff meetings to confirm that working relationships within the staff team were constructive and supportive. In addition to staff meetings, there was evidence of effective day to day communications in the team. Staff commented that the manager's leadership style was constructive and reflective and encouraged team members to accept responsibility for their work and for the overall effectiveness of the centre.

The evidence available at this inspection confirmed that Island Resource Centre has effective leadership, supporting staff and promoting a culture of continuous improvement within the service. The service is well led.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

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

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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