

Unannounced Care Inspection Report 15 October 2019



Island Resource Centre

Type of Service: Day Care Service
Address: Cuba Walk, Belfast, BT4 1EQ
Tel No: 028950 43140
Inspector: Heather Sleator

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

The Island Resource Centre is a day care setting that is registered to provide care and day time activities for up to 60 adult service users with a physical disability and sensory impairment. The day care setting is open Monday to Friday and is managed by Belfast Health and Social Care Trust (BHSCT).

3.0 Service details

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

4.0 Inspection summary

An unannounced inspection took place on 15 October 2019 from 09.40 to 16.10 hours

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

As a public-sector body RQIA have a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. During inspections of day care services, RQIA are committed to ensuring that the rights of people who receive services are protected. This means RQIA will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

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 the culture and ethos of the service, listening to and valuing service users, taking into account their views, choice and preferences. Good practice was demonstrated regarding the provision of therapeutic activities and recreational opportunities. Overall there was evidence of good governance arrangements; staff training, professional development opportunities, supervision and appraisal, management of accidents/incidents and complaints, continuous quality improvement and effective team working.

There were no areas for improvement identified as a result of this inspection.

Service users said that they enjoyed the centre, liked coming to see their friends (staff included) and were spontaneous in their interactions with other service users and staff.

One service user said:

“It’s been great here; I don’t see anyone else until I’m back here so it’s my lifeline.”

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
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, 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 11 May 2018

No further actions were required to be taken following the most recent inspection on 11 May 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration details of the day care centre
- incident notifications submitted to RQIA since the last care inspection
- unannounced care inspection report and QIP of 11 May 2018
- information and correspondence received by RQIA since the last inspection

During the inspection the inspector met with:

- The registered manager, Patrick Goan.
- Five staff.
- Seven service users on an individual basis, the remaining service users in a group discussion.

Questionnaires were given to the staff on duty to distribute between service users. Three questionnaires were returned from service users’. The person in charge was provided with a poster to be displayed in the service advising of how staff could complete electronic questionnaires and submit these to RQIA. One questionnaire was completed and returned to RQIA by staff.

The following records were examined during the inspection:

- four service users' care records
- a sample of daily staff rota's
- two completed staff competency and capability assessments
- the complaints and compliments records
- recruitment and selection procedures
- incidents and accidents records
- the minutes of service user self-advocacy group meetings
- the minutes of staff meetings
- supervision and annual appraisal planner
- three months of quality monitoring reports
- a staff training matrix
- quality audits/governance arrangements for the centre
- the annual fire safety risk assessment dated January 2018
- records of fire drills undertaken during 2019
- the Statement of Purpose and Service User Guide
- the annual quality report of 2018/2019

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 3 May 2018

The most recent inspection of the day centre was an unannounced care inspection

6.2 Review of areas for improvement from the last care inspection dated 3 May 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 21 Stated: First time	The registered person shall improve arrangements for domiciliary care staff that support individual service users in the setting, the following improvement should be made to ensure compliance with this regulation:	Met

	<ul style="list-style-type: none"> • describe in the settings policies and procedures how staff are recruited • a record that verifies the domiciliary staff who support service users in the setting are fit to work in the day care setting must be in place • domiciliary staff working in the setting must be recorded in staffing arrangements • training for the domiciliary staff who support service users in the setting must be planned for and recorded • support domiciliary staff who support service users in the setting will receive in the setting to monitor their conduct and compliance with the settings policies, procedures and day care setting standards and regulations must be planned for a support delivered must be recorded. <p>Evidence of compliance with the settings policies and procedures and evidence the domiciliary staff in this setting are delivering safe, effective and compassionate care must be made available for inspection.</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>This was discussed with the registered manager who stated that any domiciliary care (community) care worker who supports a service user whilst attending the day centre is supported by the registered manager through regular meetings with the domiciliary care worker. The registered manager stated that this enables both parties to discuss the service users support plan and enable centre staff to provide any further support that may be in the service user's best interests.</p>	
<p>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 5</p> <p>Stated: First time</p>	<p>The registered person shall improve the accessibility of the care plan and content of the care plan in relation to:</p> <ul style="list-style-type: none"> • record of service users individual personal outcomes • ensure there is a plan in place that 	<p>Met</p>

	<p>meets all of the service users identified needs</p> <ul style="list-style-type: none"> the plan should be presented in a format that is accessible for the each individual service user 	
	<p>Action taken as confirmed during the inspection:</p> <p>A review of three service users care records evidenced that new care planning documentation had been introduced and the review evidenced that care plans were person centred, recorded personal outcomes and were accessible to the service user.</p>	

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.

The review of the staffing arrangements evidenced that the planned staffing levels were adhered to. The duty rotas reflected the staff on duty and the capacity in which they worked. Staff and service users attended specific activities of their choice; the staffing arrangements promoted continuity of care and support and enhanced the relationship between the service users and staff. There was one completed satisfaction questionnaire from a service user returned to RQIA and no issues were raised regarding the staffing arrangements. The inspector met with service users during the inspection who expressed their satisfaction with the staff and staffing arrangements. One service user commented; "We're all great friends, staff are great, always there for you." No issues were raised by staff during the inspection in respect of the staffing arrangements and there was one completed staff questionnaire returned to RQIA and the respondent indicated that they were satisfied with the current staffing arrangements.

Competency and capability assessments had been completed for any person in charge of the centre in the absence of the registered manager; records of assessments retained and samples reviewed were found to be satisfactory.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff were provided. A schedule for mandatory training, annual appraisal and staff supervision was maintained and was reviewed during the inspection. Staff, who supervise others, had completed training in supervision and appraisal.

The manager explained that all staff recruitment records were retained at the Belfast Health and Social Care Trust (BHSCT) human resource department. The manager confirmed that electronic confirmation of compliance with employment legislation as set out within The Day Care Setting Regulations and Minimum Care Standards (2012) were provided prior to new staff commencing duty.

Arrangements were in place to monitor the registration status of care staff with their professional body, the Northern Ireland Health and Social Care Council (NISCC). The registration status of staff is also monitored at supervision.

The inspector was advised that there were no potential restrictive practices in use in the day centre. Observation of the premises during the inspection evidenced that there were no obstructions or locked doors to prevent service users from leaving the centre.

Discussion with staff and inspection of records confirmed that staff had a good understanding of adult safeguarding principles and their obligation in relation to raising concerns about poor practice and whistleblowing. A review of staff training records evidenced that mandatory training in adult safeguarding had been provided for all staff. The review of records evidenced that there had been one safeguarding referral made from the previous inspection of 3 May 2018. The referral was 'screened out' by the adult safeguarding team in the Trust.

The premises of the Island Resource Centre were well maintained and in good decorative order. There are several rooms, of varying sizes, available for group activities and for individual work with service users, when necessary. There were notice boards throughout the centre providing service users and staff with information regarding activities, photographs of activities and events and information leaflets.

Service users and staff, 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. Staff members had generally been employed in the centre for lengthy periods and expressed strong commitment to their work with service users, which, they confirmed, is enjoyable and rewarding. A staff member commented: "We work well together; no one thinks this is my job and this is yours."

Infection prevention and control measures were in place, which included the availability of supplies of liquid soap and hand towels mounted on the walls, foot pedal operated bins and seven step hand hygiene notices which were positioned at wash hand basins. Staff also had effective access to gloves and aprons as required. No obvious health and safety hazards were identified and fire exits were clear and free from obstruction.

The most recent report from the fire risk assessor was viewed and dated March 2018 with a two yearly review date. Recommendations made in the report had been actioned by either the manager or forwarded to the estates department in Belfast Trust. The fire safety records evidenced that the required number of fire safety training events per year had been complied with and annual training for staff was scheduled for February 2020. Service users also participated in fire evacuation drills and records indicated that the last evacuation drill was in December 2018. The manager stated another evacuation drill was due shortly

Service users spoken with during the inspection gave positive feedback in regard to the safe care provided. No issues or concerns were raised or indicated. A service user commented:

"Couldn't speak highly enough of the centre, just love it."

Areas of good practice

Examples of good practice found throughout the inspection included: staff work rotas, staff induction, staff training, adult safeguarding, fire safety records and service user and staff engagement.

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.

A review of four service users’ records confirmed that these were maintained in line with the legislation and standards. They included an assessment of need, life history, risk assessments, care plans and regular statement of health and well-being of the service user. Care needs assessment and risk assessments, including falls, moving and handling were reviewed and updated on a regular basis or as changes occurred.

The records also reflected the multi-professional input into the service users’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual service users. Service users were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the service user. Individual agreements, setting out the terms of placement were in place and appropriately signed. Records were stored safely and securely. Discussion with staff confirmed that a person centred approach underpinned practice and staff demonstrated their knowledge of individual service users throughout the inspection. Audits of care records were conducted with random selection reviewed at staff supervision and monthly monitoring visits.

The inspector confirmed that systems were in place to ensure effective communication with service users, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, monthly quality monitoring visits, service users’ meetings and staff meetings. The staff and a service user’s representative confirmed that management operated an “open door” policy in regard to communication within the day centre. A service user commented, “Could go to Paddy (manager) about anything.”

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the service users. Staff confirmed that arrangements were in place, in line with the legislation, to support and advocate for service users.

A service user commented about the day centre:

- “It’s been great here, I don’t see anyone else until I’m back here so it’s my lifeline.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users, staff and service users' representatives.

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.

On the day of this inspection, the atmosphere in centre was welcoming and purposeful and service users, arriving at the centre, were greeted warmly by their friends and by staff members. Observations of interactions throughout the day provided evidence of service users relating positively to staff and to each other. Service users were engaged by staff with respect and encouragement at all times. While service users were assigned to specific groups and activities in both morning and afternoon sessions, staff respected the wishes of any person who did not wish to participate. A service user commented, "(staff) always ask me what I want to do, no one telling me what I have to do."

Activities, such as art, music therapy, crafts, cinema club, computer skills, photography, and dander ball were part of the weekly programme. Additionally a health and emotional wellbeing group based on mindfulness ran for six weeks which proved to be very successful. Centre staff are supported by an occupational therapist (based in the centre) and a physiotherapist. These staff provide professional support and guidance to the service users regarding their wellbeing. They are a valuable resource to service users. Gardening was also a focus with high level planters purchased for service users who may have limited physical mobility. Service users spoke very positively in respect of the range of activities available and were appreciative of any outings which were arranged. Service users confirmed that staff listen to them and encourage them to take a full part in developing their plans for day care through the members meetings, suggestion box and the approachability of staff. Therefore, recreational and therapeutic programmes are organised with each individual's agreement and service users contributed positive comments on its value to them. Staff members were observed interacting sensitively with service users and being attentive to each person's needs.

The systems in place to ensure that the views and opinions of service users were sought and taken into account included regular service user meetings, an annual quality survey of service users and daily discussions with service users in groups or individually. The service users group, 'The Hopefuls' is a very active and longstanding group and is also a registered charity. Alongside their elected representatives being the 'voice' of the service users the group fundraises. This enables those service users who wish to, go on holiday to Newcastle every year. The minutes of the service users meetings provided evidence of a strong focus on

involving and empowering service users to contribute to decisions about the way in which the day care service is run. Preparation for each person's annual review included a meeting with the key worker to discuss the value of attending the centre and appropriateness of the existing programme of activities.

During each monthly monitoring visit the views of a sample of service users were sought and their views were reflected in good detail in all three of the monthly monitoring reports that were reviewed. Each person's file contained progress notes relating to that person's involvement and wellbeing and these reflected the caring nature of the relationships and interactions observed during the inspection. Staff members' comments and actions, along with the views expressed by service users, and confirmed that compassionate care was being provided consistently in the Island Resource Centre.

A record is maintained of the compliments which come in regarding the centre. Comments included:

- "Jane and Paddy are wonderful to me." (service user) May 2019
- "I love attending the centre as everyone is lovely and I enjoy attending Jane and Ruth's groups." (service user) July 2019

Three service users responded by questionnaire to RQIA and stated that they were very satisfied that care was safe, effective and compassionate and that the service was well led. An additional comment included, "All is very satisfactory."

We spoke to staff during the inspection and comments included:

- "Friday are staff meetings, we're made very aware of human rights."
- "We work well together, no one thinks this is my job and this is yours."

There was one completed questionnaire returned to RQIA from a staff member within the specified timescale. The staff member very satisfied that service users were safe and protected from harm, were treated with compassion, the delivery of care was effective and that the service was well led.

Areas of good practice

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

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.

The registered manager, Paddy Goan, facilitated the inspection and demonstrated a very good understanding of The Day Care Setting Regulations, minimum standards and the systems and process in place for the daily management of the day centre. A wide range of documentary evidence to inform the inspection's findings, including minutes of staff meetings, service users meetings, monitoring reports, audit records, work rotas, service users' files, staffing information and written policies and procedures were made available. We discussed a range of the centre's current strengths as have been identified throughout the report.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Service users and/or their representatives were made aware of how to make a complaint by way of meetings, service user's guide and trust information leaflets displayed. The review of records evidenced that complaints received had been fully investigated and resolved to the complainant's satisfaction.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

A monthly monitoring visit was undertaken in accordance with Regulation 28. Records of the past three months were reviewed, the reports showed the visits were both announced and unannounced, provided a view regarding the conduct of the setting, included outcomes/action plans and qualitatively reflected service users and staff views and opinions.

The Island Resource Centre and the Belfast Health and Social Care Trust have systems in place to ensure that staff were well-informed on the responsibilities of their roles and the expected standards of practice. Staff confirmed that there were good working relationships within the day centre and that the manager was always responsive to suggestions and/or concerns raised. One service user commented:

"No great complaints, they (staff) do their best, if I had a complaint I'd go straight to Paddy."

Areas of good practice

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

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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