

# Inspection Report

8 February 2022



## Edgcumbe Training and Resource Centre

Type of service: Day Care Setting  
Address: Edgcumbe View, Belfast, BT4 2EL  
Telephone number: 028 9504 3130

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

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Belfast HSC Trust (BHSCT)	<b>Registered Manager:</b> Ms Irene Maguire
<b>Responsible Individual:</b> Dr Catherine Jack	<b>Date registered:</b> 20 May 2009
<b>Person in charge at the time of inspection:</b> Assistant Manager	
<b>Brief description of the accommodation/how the service operates:</b>  This is a Day Care Setting with 100 places that provides care and day time activities for people living with a learning disability in the BHSCT area.	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 8 February 2022 between 9.45 a.m. and 2.00 p.m. by the care inspector.

This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) and Nursing and Midwifery Council (NMC) registrations, adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS) including money and valuables, dysphagia, monthly quality monitoring and Covid-19 guidance.

No areas for improvement were identified during the inspection.

There were good governance and management oversight systems in place. Good practice was also found in relation to the system in place of disseminating Covid-19 related information to staff.

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.

### 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA about this day care setting. This included the previous inspection report and quality improvement plan (QIP) and any written and verbal communication received since the previous care inspection.

The inspection focused on:

- contacting the service users, their relatives, BHSCT representatives and staff to find out their views on the service.
- reviewing a range of relevant documents, policies and procedures relating to the day care setting's governance and management arrangements

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided. This included questionnaires for service users/relatives. An electronic survey was provided to enable staff to feedback to the RQIA.

### 4.0 What people told us about the service

We spoke with 16 service users and eight staff.

In addition we received questionnaires from service users/relatives which indicated that they were generally happy with the service provided by the agency. Comments made are included in the report. No electronic feedback from staff was received prior to the issue of the report.

#### Comments received during inspection process-

##### Service users' comments:

- "The staff are excellent."
- "I wear a mask in shops."
- "The staff are good to us."
- "XXXX is superman."
- "It's a good laugh here."
- "I love it here."
- "Manager and all staff very professional and caring."

##### Staff comments:

- "It's a great centre."
- "It's a great place to work."

- “We are aware of the Mental Capacity Act.”
- “A lot of our training was done by zoom.”
- “The place is brilliant.”
- “I am aware of the Whistleblowing Policy.”
- “I would report any adult safeguarding concerns to the management.”
- “The office door is always open.”

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services. The last inspection to Edgumbe Training and Resource Centre was undertaken on 25 June 2019 by a care inspector; two areas for improvement were identified. A QIP was issued. This was approved by the care inspector and was validated during this inspection.

An inspection was not undertaken in the 2020-2021 inspection year, due to the impact of the first surge of Covid-19.

Areas for improvement from the last inspection on 25 June 2019		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 22.2  <b>Stated:</b> First time	The registered person shall ensure all staff receive individual supervision no less than three monthly in line with the standard  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The review of records confirmed that all staff received individual supervision sessions in line with the standard.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 23.8  <b>Stated:</b> First time	The registered person shall ensure that a minute is maintained for all staff meetings in line with the standard.  Ref: 6.6	<b>Met</b>
	The review of records confirmed that a minute of staff meetings was maintained in line with the standard.	

## 5.2 Inspection findings

### 5.2.1 Are there systems in place for identifying and addressing risks?

The day care setting's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the person in charge established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

It was noted that staff are required to complete classroom based adult safeguarding training during their induction programme and two yearly updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. They could describe their role in relation to reporting poor practice and their understanding of the day care setting's policy and procedure with regard to whistleblowing.

The day care setting had a system for retaining a record of referrals made to the BHSCT in relation to adult safeguarding. Records viewed and discussions with the person in charge indicated that a number of adult safeguarding referrals had been made since the last inspection and that the referrals had been managed appropriately.

Service users who spoke to us stated they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

All staff had completed DoLS training appropriate to their job roles; records reviewed clarified training. Discussion with staff clarified their knowledge of the subject. Examination of service users care records confirmed that DoLS practices were embedded into practice with the appropriate documentation available for review for a number of service users.

The person in charge told us that the day care setting did not manage service users' monies.

Staff demonstrated that they had an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

### **5.2.2 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

The person in charge identified a number of service users who required assistance with eating and drinking due to having swallowing difficulties; some of whom required their food and drinks to be of a specific consistency. Review of the records identified that the risk assessments were consistently reflected in the care plans.

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). It was established and positive to note that all staff had completed training in Dysphagia.

### **5.2.3 Are their robust systems in place for staff recruitment?**

The review of the agency's staff recruitment records confirmed that two new recruitments were managed in accordance with the regulations and minimum standards, before staff members commence employment and engage with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC and NMC. Information regarding registration details and renewal dates are monitored by the Manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The person in charge told us that the day care setting does not use volunteers or voluntary workers.

### **5.2.4 Are there robust governance processes in place?**

There were monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Reports relating to the day care setting's monthly monitoring were reviewed. The process included engagement with service users, service users' relatives, staff and BHSCCT representatives. The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

We noted the following comment on the day care settings quality monitoring report from a service user's relative and community representative respectively:

'XXXX XXXX said that XXXX couldn't speak more highly of the service being provided by Edgcumbe.'

'XXXX explained that XXXX found the staff in Edgcumbe very thorough and had no issues to report on.'

There is a process for recording complaints in accordance with the day care setting's policy and procedures. It was noted that complaints received since the last inspection had been managed in accordance with the organisation's policy and procedures and that the complainants were satisfied with the outcomes.

It was established during discussions with the person in charge that the day care setting had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alert's (EAs).

## **6.0 Conclusion**

Based on the inspection findings and discussions held RQIA was satisfied that this day care setting was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the Manager/management team.

## **7.0 Quality Improvement Plan/Areas for Improvement**

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of Areas for Improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the person in charge, as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111

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

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

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