

Unannounced Care Inspection Report 25 June 2019



Edgecumbe Training & Resource Centre

Type of Service: Day Care Service
Address: Edgecumbe View, BT4 2EL
Tel No: 028 95 043130
Inspector: Ruth Greer

www.rqia.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 100 places that provides care and day time activities for people living with a learning disability.

3.0 Service details

Organisation/Registered Provider: BHSCT Responsible Individual(s): Martin Dillon	Registered Manager: Irene Maguire
Person in charge at the time of inspection: Irene Maguire	Date manager registered: Irene Maguire - 20/05/2009
Number of registered places: 100 DCS-LD,DCS-LD (E)	

4.0 Inspection summary

An unannounced inspection of Edgecumbe Training and and Resource day care centre took place on 25 June 2019 from 09.00 to 16.30.

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

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. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek 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. They should also experience the choices and freedoms associated with the centre.

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

Evidence of good practice was found in relation to service users' involvement, staff training and supervision and care records.

Service users said they were happy in the centre and that staff were supportive and kind.

Staff spoke of a well led and organised centre where the common goal was the wellbeing and development of the service users.

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

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

Evidence of good practice was found in relation to the empowerment and involvement of service users in the provision of care, staff training and development and the quality assurance measures in place.

Two areas requiring improvement were identified in relation to supervision for one identified staff member and minutes of staff meetings.

The findings of this report will provide the establishment 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	2

Details of the Quality Improvement Plan (QIP) were discussed with Irene Maguire, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 18 December 2018

No further actions were required to be taken following the most recent care inspection.

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 previous inspection report, notifications of accidents/incidents and any correspondence received at RQIA since the previous inspection.

During the inspection the inspector met with 20 service users and 12 staff.

The following records were examined during the inspection:

- The Statement of Purpose
- The Service Users' Guide
- Minutes of service users' meetings in February, April and May 2019
- Monitoring reports for the previous two months
- Activity programme
- Staff supervision programme

- Record of complaints
- Record of accident and incidents
- Service user care files (4)
- Induction and training records.

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 18 December 2018

There were no matters highlighted for action as a result of the last inspection.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Edgecumbe training and assessment centre premises were well maintained and in good decorative order, with no obvious hazards for service users or staff noted on the day of the inspection. There has been much improvement in regard to the provision of new bathrooms within the centre. The new facilities are not yet operational. The manager confirmed that they are waiting for a final safety check in respect of a legionella assessment.

The manager is supported by a three assistant managers, a team of day care workers (band 5 and band 3) and ancillary staff.

On the day of inspection the staffing arrangements were found to be satisfactory and sufficient to meet the needs of service users. Duty records examined contained details of the number of staff on duty, hours worked, and information of the specific care duties allocated to staff. Discussion with staff and service users confirmed that staffing levels were appropriate to meet the assessed needs of service users.

Effective arrangements are in place to support staff and include structured induction, training, supervision and appraisals. A review of the record of supervision showed that one staff member's name had been excluded. The manager confirmed that this had been an oversight. It has been highlighted as an area of improvement. A recently appointed assistant manager stated she had received a structured induction to ensure she was familiar with service users' needs along with the settings routines and procedures. A review of her personnel file confirmed that all elements for induction and ongoing professional development were in place.

Induction records examined were seen to incorporate the Trust core values and the NISCC code of conduct. Staff recruitment records were not inspected on this occasion.

A review of the staff training records found that all staff had up to date mandatory training and had accessed additional training and development relevant to the needs of service users. Mandatory training is audited regularly by the Trust.

The day care setting had arrangements in place to identify, manage and where possible eliminate unnecessary risks. There was evidence that comprehensive risk assessments and safety management plans were completed inclusive of service users and when appropriate their representatives. Risk assessments were personalised and included information specific to each person and their needs. The records examined provided evidence that the day care setting had attained a balance between promoting autonomy and maintaining safety.

All staff had received up-to-date safeguarding and health and safety training appropriate to their role and were aware of how to identify and report concerns. Staff interviewed confirmed that they would have the confidence to report poor practice if they saw it. They felt all their colleagues would do the same and that no one in the centre would tolerate any form of poor practice.

The service undertook regular health and safety checks that ensured a safe environment was maintained. A fire risk assessment dated 22 February 2017 was in place. Records showed that a recommendation had been made for the assessment to be repeated in February 2019. The manager confirmed that this will be undertaken when the new renovation/building work is complete. Confirmation was provided that all recommendations made as a result of the fire assessment had been actioned. Fire training had taken place on 11 April 2019 and 8 May 2019. A fire drill had taken place on 2 August 2018. Fire safety equipment is checked weekly and records maintained.

Arrangements had been implemented in regard to the recording and reporting of accidents and incidents. Notifications of such events were submitted to RQIA as required. A review of the records confirmed that all accidents and incidents reportable and those not required to be reported had been managed in a timely and appropriate manner.

A review of policies confirmed there was a policy and procedure on restrictive practice in keeping with DOH Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberty Safeguards (DoLS).

The centre's Statement of Purpose and Service User Guide were reviewed and showed that the documents accurately reflected the elements set out in the regulations and standards.

Staff consulted were aware of the impact of human rights legislation within their work. They gave examples of promoting and maintaining the rights of service users in the care they provide. Examples provided referenced service users' rights to choice of activities, where they liked to spend the day and how they are empowered by staff towards more independence.

Discussion with service users and staff in regards to the provision of safe care included the following comments:

Service users comments

- “All the staff are lovely”
- “I really enjoy it here I wouldn’t miss it any day”
- “I meet my friends, I like working in the garden”.
- “I know what to do when the fire alarm goes. My meeting place is out at the greenhouse”.

Staff comments

- “I worked somewhere else for a while and then came back here. I would not have done that if the service wasn’t a good one.”
- “This is a great service you could come any day and it’s always the same.”
- “I had a very thorough induction and the whole staff team are really supportive”.

Arrangements were in place to ensure service user care records and staff personnel records were stored securely in line with the requirements of GDPR.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control and risk management.

Areas for improvement

One area for improvement was identified during the inspection in relation to the regularity of supervision (for one staff member)

	Regulations	Standards
Total number of areas for improvement	0	1

6.4 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 Service User Guide were reviewed and revealed that the documents accurately reflected the elements set out in the regulations and standards. It was good to note that the Statement of Purpose contained reference to the commitment to promote the human rights of service users.

When a new referral is made to the setting, potential service users are assessed to ensure the centre can meet their identified needs. If the move is a transition from children’s services, staff from the centre initially meet the service user in their school setting and liaise with school staff. The potential service user and /or their representative undertake several visits to the centre and are provided with a service user’s guide. The guide provides information of the service user’s right to full involvement in all aspects of their care. The guide includes information on how service users can raise a concern or complaint if necessary, regarding the quality of care. It was evident from records viewed and staff discussion that the centre organised and delivered

services to meet individual needs and took account of individual preferences. In addition, the centre organises the participation of service users in community activities and initiatives.

Four care files were chosen, at random, for examination. The care files included referral information, service user agreement, contact information and personal outcomes. A range of assessments were carried out and were specific to each individual's needs. For example, moving and handling, falls risk, swallowing and choking and transport. Each care plan was underpinned by the rights of service users and methods for improving outcomes. The assessments provided information to staff that assisted them to minimise risks and to keep service users safe. Care planning documentation contained regular progress notes. Also evident within the records was the view of the service users themselves as to how they viewed the effectiveness of the care they received. The care plans were in pictorial form and the views of the service users were recorded in "My Opinion Sheet".

Records of care reviews for each service user demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. An initial review is held six weeks after the first attendance and then annually. A written record of the reviews was contained in each file. This included the views of the service user and/or their representative and was informed by the written progress notes. It was noted that the comments made by service users during their annual reviews were all very positive. Records examined were signed and dated and there was evidence that a regular audit of the documentation was undertaken.

During discussions with staff it was evident the care they provided to service users within the setting was effective. Staff were knowledgeable regarding service users' needs and care plans; they described how intervention with each service user was person centred depending on their individual needs. To ensure continuity of care staff checked daily to ascertain if there were any changes or updates of which they needed to be aware.

The interactions observed between staff and service users throughout the inspection confirmed that staff were suitably skilled and effective in communicating with all service users. There was good evidence of person centred interventions that assured service users were involved and communication opportunities maximised.

Discussion with staff and service users with regards to the provision of effective care included the following comments:

Service Users comments

- "I'm happy here, I come in the bus."
- "I'm going out later to the hotel for a coffee because it's my birthday."
- "I just ask the staff if I want anything."

Staff Comments

- "Many of the service users here have been coming for years, since they left school and we know them all so well."
- "All the staff team here want the same thing and that is that all the service users reach their potential and do things that they really enjoy and get something out of."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the improvement in care records and communication between service users, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

6.5 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.

Discussion with service users and observations of care during the inspection showed service users were treated with dignity and respect while promoting and maintaining their independence. Service users were enabled and supported to engage and participate in meaningful activities, social events, hobbies and interests.

Observation of activities during the inspection found service users were encouraged to be comfortable, communicate and have fun. Service users were busy preparing for the centre's annual summer fete which was planned for later in the week. Service users were also engaged in undertaking contract work for a charity. Staff used eye contact and non-verbal cues with service users who had limited communication to ensure what they were doing was consistent with the service users' preferences. Staff were observed using smell, touch and sound when communicating with service users who were visually impaired. Service users were observed undertaking craft activities, in discussion groups and undertaking physical activities. They were observed being fully assisted by staff who provided encouragement and support. Overall observations of staff consulting with service users during the inspection showed staff seeking opportunities to involve service users in their care and support and empowering service users to achieve their full potential.

The manager stated that there are, at times, elements of restrictive practice used in the setting in respect of some service users. These included individual service user's activity space and behavioural management plans. Examination of the arrangements and the corresponding records showed that the least restrictive practice was used by staff. When restraint was used this was recorded in the care plans and all relevant stakeholder's informed. There had been no incidents of safeguarding referred since the previous inspection.

On the day of inspection there was a busy, friendly atmosphere in the centre. General observation showed service users approaching staff freely, communicating their needs and making requests. Staff responses were noted to be cheerful, appropriate and non-patronising. Service users who engaged with the inspector spoke positively about the staff and that they felt staff treated them well.

Consultation with service users and, where appropriate their relatives, was evidenced in the records relating to the assessment, care planning and review process. In addition, governance arrangements to promote effective communication with service users and/or their relatives included monthly service user meetings.

Minutes of service user meetings on 8 February, 17 May 2019 and a service user committee meeting on 5 April 2019 were reviewed. This provided evidence that service users had been consulted about a range of matters including corporate issues including:

- activities
- outings
- staffing
- monitoring visits
- transport

The centre is supported by a Friends of Edgecumbe group made up of service users' families and representatives. Meetings of the group take place monthly and a review of the minutes for May and June 2019 showed that representatives are fully involved with and included in the service.

Discussion with staff and service users with regards to the provision of compassionate care included the following comments:

Service Users comments:

- "I think all the staff are lovely".
- "I like to help setting the tables".
- "It's good here, staff are good."

Staff Comments:

- "Some of our service users have life limiting conditions but we want them to be as fulfilled as is possible and really enjoy life"
- "Every day brings something different. We just respond to what the service users want and need at any given time."

Areas of good practice:

- There were examples of good practice found throughout the inspection in relation to the improvement in care records and communication between service users, staff and other key stakeholders.

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 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 inspection was initially facilitated by an assistant manager. The manager was present in the centre undertaking staff interviews. The manager joined at different intervals and was present for feedback at the conclusion of the inspection.

The Statement of Purpose for the day care service (November 2018) was reviewed. The document clearly describes the nature and range of the service to be provided and addresses all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. The registration certificate was up to date and displayed appropriately.

Discussion with the manager and staff confirmed they were aware of their roles, responsibilities and accountability under the day care legislation. A review of governance records evidenced that staff (apart from one as highlighted in 6.4 of this report) received individual, formal supervision at least quarterly and an annual appraisal.

Staff gave positive feedback in respect of leadership and good team working. Staff stated that this is achieved through effective communication, supervision, staff meetings and the open door approach provided by the manager. Staff meetings had taken place on 18 January, 29 March, 31 May and 21 June 2019. However, minutes were not available for all the meetings. This has been highlighted as an area of improvement.

A complaints and compliments record was maintained in the day centre. A review of this record showed that all concerns raised had been taken seriously, dealt with effectively and the complainant informed of the outcome. Compliments had been shared with staff.

The inspector discussed the monitoring arrangements in compliance with regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Monthly and annual quality monitoring reports were completed by the service and a number of recent reports of February, March and April 2019, were inspected and found to be satisfactory.

These records demonstrated that at appropriate intervals the effectiveness and quality of care delivery was monitored, audited and reviewed in order to identify and act upon any improvements required. The reports were a mix of announced and unannounced visits. The monitoring arrangements identified improvements carried forward and progress was reviewed as part of each subsequent monthly monitoring visit.

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred care plan is developed. Records showed that equality information included communication methods, adult safeguarding and risk assessments where a risk was identified.

Discussion with service users and staff evidenced that they felt the care provided was well led. They described the service as well planned and they confirmed they are asked to be involved in the monitoring visits.

The manager stated that all staff are required to be registered with the Northern Ireland social Care Council (NISCC) or other regulatory bodies as appropriate and a record of their registration details held in the centre.

Discussion with staff revealed they felt well supported by the manager. They stated that service users are central to the service and they need to ensure care and support was safe, effective and compassionate. They stated they were well supported by management through staff meetings, supervision and the manager makes herself available as required. Staff said that in the manager's absence there were always assistant managers on duty.

Review of the 2018/2019 annual report provided evidence that the contents complied with (Regulation 17 (1) & Schedule 3.

Areas of good practice:

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

One area for improvement in relation to staff meeting minutes was identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Irene Maguire, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 22.2 Stated: First time To be completed by: 31 July 2019	The registered person shall ensure all staff receive individual supervision no less than three monthly in line with the standard Ref: 6.4
	Response by registered person detailing the actions taken: In response to this area of improvement, the Registered Manager has ensured that the one outstanding supervision has been completed in line with with the standard and that all staff will receive supervision no less than 3 monthly.
Area for improvement 2 Ref: Standard 23.8 Stated: First time To be completed by: 31 July 2019	The registered person shall ensure that a minute is maintained for all staff meetings in line with the standard. Ref: 6.6
	Response by registered person detailing the actions taken: In response to this area of improvement the Registered Manager continues to ensure that all staff meetings are minuted and dessiminated to staff in a timely manner in line with the standard.

****Please ensure this document is completed in full and returned via Web Portal****



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