



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
Lisburn Assessment and Resource Centre incorporating  
'Rowan Centre Day Care', 'Dairy Farm Day Care' &  
'Seymour Horticultural Unit'**

**22 and 30 March 2016**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1. Summary of Inspection

An unannounced care inspection took place from 10.00 to 15.30 on 22 March 2016 and from 9.30 to 11.30 on 23 March 2016. Overall on the day of inspection the day care setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, and The Day Care Settings Minimum Standards 2012.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	3

The details of the QIP within this report were discussed with the Raphael Kearns, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> South Eastern HSC Trust/Hugh Henry McCaughey	<b>Registered Manager:</b> Raphael Kearns
<b>Person in Charge of the Day Care Setting at the Time of Inspection:</b> Raphael Kearns	<b>Date Manager Registered:</b> 8 October 2009
<b>Number of Service Users Accommodated on Day of Inspection:</b> 90	<b>Number of Registered Places:</b> 195

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

**Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support.**

**Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care Setting.**

#### **4. Methods/Process**

Prior to inspection the following records were analysed:

- Previous care inspection report and returned Quality Improvement Plan (QIP)
- Notifiable events submitted since the previous care inspection

Discussion took place with the registered manager, 20 service users and one relative. Service user and staff questionnaires were provided for distribution and, if wished, completion and return to RQIA.

The following records were examined during the inspection:

- The centre's RQIA registration certificate
- The Statement of Purpose
- The Service User Guide
- Staff duty rotas
- Staff training records
- Six service user care records
- Accident and incident records
- Record of complaints
- Monthly monitoring reports
- Service user meetings
- Policies and procedures relating to Standards 5 and 8

#### **5. The Inspection**

##### **5.1 Review of Requirements and Recommendations from Previous Inspection**

The previous inspection of the service was an unannounced care inspection dated 15 December 2014. The completed QIP was returned and approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 14 (5)	<p>The registered manager must ensure all incidents of restraint are reported to RQIA in compliance with this regulation, including chemical restraint.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Discussion with the manager and examination of records retained showed that staff use MAPPA which has proven to be effective. The manager confirmed that if restraint was necessary this would be notified to RQIA as required.</p>	
<b>Requirement 2</b> <b>Ref:</b> Regulation 28 (1) & (2)	<p>The responsible person must ensure the individual who undertakes the monthly monitoring visits in LARC is a manager with equivalent role and responsibility to the registered manager of this establishment, and who is independent of this setting and manager i.e. not supervised by the registered manager.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            The registered manager confirmed that monthly monitoring is undertaken by a manager from another facility within the South Eastern Health and Social Care Trust.(SEHSC Trust)</p>	
<b>Requirement 3</b> <b>Ref:</b> Regulation 26 (2) (a)	<p>The responsible person must report on the returned QIP the outcome of the review of CCTV cameras in this setting. This must include a clear statement, if they are going to continue to record, what the recordings may be used for and storage of the recordings.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            CCTV has been withdrawn with the exception of use at the entrance to the day care centre.</p>	
<b>Requirement 4</b> <b>Ref:</b> Regulation 14 (4)	<p>The registered manager must ensure File 5 contains detail in the care plan or management plan regarding the use of the waist belt used by staff in the day care setting.</p> <p>This must be recorded as a restriction and therefore clearly describe why this is the least restrictive measure that can be used with this service user in the day care setting to ensure the service users'</p>	<b>Met</b>

	<p>needs are met. The registered manager must also ensure the behaviour support service assessment and speech and language report is reviewed with the appropriate professionals to ensure care is current, responsive to need and appropriate.</p>	
	<p><b>Action taken as confirmed during the inspection:</b> Discussion with the manager and examination of the care record evidenced that the care plan reflected restraint with the agreed measures in place to minimise any risk or harm.</p> <p>There was reference to review by the behavioural support team and speech and language with recommendation made in regard to needs identified.</p>	
<p><b>Requirement 5</b> <b>Ref:</b> Regulation 24</p>	<p>The responsible person must make appropriate arrangements for File 6 to be reviewed in respect of the complaint correspondence regarding staff, the service and general issues regarding care. The trust must put a protocol in place to manage these letters that is in compliance with the trust's policy and procedure as well as this regulation.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Action was taken in regard to management of complaints letters received. The manager stated that copies are forwarded to the service users' social workers and meetings with relatives ongoing. The manager confirmed that complaints are managed in accordance with the trust complaints procedure.</p>	
<p><b>Requirement 6</b> <b>Ref:</b> Regulation 19 (1) (a) &amp; Schedule 4</p>	<p>The registered manager must review with staff the required detail which must be written in records, to ensure the records kept about service users contain consistent quality of information and detail that can be cross referenced with the actual care delivered.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The manager reported that this matter had been discussed at a meeting with staff on 26 January 2014. This was reflected within minutes recorded.</p>	

### **5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support.**

#### **Is Care Safe?**

Lisburn Assessment and Resource Centre (Lisburn ARC) and the three satellite units, Rowan Centre Day Care, Dairy Farm Day Care and Seymour Horticultural Unit, had policies and guidelines on continence management dated April 2014. Staff confirmed that policies were available to them when required and expressed confidence in following the procedures. The policy was complemented by supplementary information and guidance on continence promotion.

Examination of staff training records showed that training in continence management and stoma care was provided. Staff who met with the inspector demonstrated knowledge in the promotion of continence and management of incontinence. In addition, training in infection control and moving and handling had been provided.

Staff explained that some service users require staff support and guidance with their personal care needs in accordance with their care plan. Staff demonstrated that they were familiar with the assessed continence needs of each service user and could describe the care and support required. Service users were observed to be supported by staff in a discreet respectful manner when this care was needed.

Confirmation was provided by staff that service users brought their own individual garments/products to the centres and could retain these, or if necessary storage is provided for service users. Staff explained that continence assessments are undertaken by the community nurse and if appropriate, continence garments or other resources are issued in accordance with assessed need. Review of continence needs is undertaken annually or more frequently if required.

Staff were observed to adhere to safe hand hygiene following provision of direct care.

There was evidence that annual staff appraisals and formal supervisions had been provided. During discussions staff expressed that supervision was provided regularly and focused on care practice; activities and individual service users' assessed needs/planned care; and professional development needs.

Service users confirmed that staff supported them with their continence care. Two service users could describe the support staff provided and that staff were always available when they needed assistance. No issues or concerns were raised or indicated.

Six service users' care records examined reflected person centred information in regard to continence needs assessments, care plans and evaluation.

The manager explained how the use of a person centred approach to support adults with a learning disability improved their fluid intake, especially those with identified continence needs and the associated potential need for prevention of urinary tract infections. As a result of a project, established by the manager and supported by a staff pilot group, service users are encouraged to increase their fluid intake through identification of water champions in the centre, increased service user engagement and carer education. Service users have ease of

access to drinks by filling of their individual containers with fresh water on arrival and topping up throughout the day.

Seven of the 10 staff satisfaction questionnaires provided at inspection were completed and returned to RQIA. In the main, responses were positive in regard to all indicators in the provision of safe care. However, one respondent commented that staffing levels were not appropriate at times. Three respondents indicated that they were not satisfied with training in mental health / illnesses, for example dementia. One respondent indicated dissatisfaction with training in core values; communication methods; vulnerable adults and safeguarding.

Ten service user satisfaction questionnaires provided at the inspection were completed and returned to RQIA. All respondents indicated satisfaction and they felt safe and secure in the centre.

### **Is Care Effective?**

Six service users' care records were examined during this inspection. Comprehensive assessments which were complemented with risk assessments had been completed by staff for each service user. Person centred care plans were in place with reviews undertaken.

Service users/representatives had signed the care record to indicate they had been involved in discussions and agreed with their planned person centred care.

Service users in Lisburn ARC and satellite units gave positive feedback in regard to the care provided and spoke enthusiastically about the activities and opportunities available to them.

Lisburn ARC has a qualified nurse on duty each day who undertakes responsibility for medication administration, health promotion, and audit of health activity and any nursing needs which may arise. Records are retained in regard to care provided and medications administered.

Observation of the environment found it to be satisfactory with adequate supplies of personal protection equipment to provide safe and effective care.

Staff consulted demonstrated good knowledge about service users' continence needs and confirmed that training had been provided and that staffing levels were appropriate to meet the identified needs of service users.

Seven of the 10 staff satisfaction questionnaires provided during the inspection were completed and returned to RQIA. All respondents indicated that the continence care provided was effective with adequate supplies of continence products and personal protective equipment, for example gloves, aprons and disposal hand towels. Staff indicated that they have sufficient knowledge, skills and experience of how to assist and support a service user with their personal care needs.

Ten service user satisfaction questionnaires provided were completed and returned to RQIA. All respondents indicated they were satisfied that staff knew how to care for them and responded to their needs.

## Is Care Compassionate?

Staff interaction with service users within Lisburn ARC was observed to be respectful and compassionate.

The manager confirmed that staff training in person centred values had been provided. Records of this training and staff attendance were retained in file. Values were also reflected within the centre's Statement of Purpose.

Staff presented as knowledgeable, experienced and compassionate, and in discussions they reflected a person centred approach. Overall the discussions with staff found they had a good working knowledge of current best practice with regards to continence promotion and the care delivered. Personal care was observed to be undertaken in a discreet manner and no issues regarding this aspect of care were identified during this inspection.

Service users who spoke with the inspector confirmed that they were always treated with respect and enjoyed very good relationships with staff.

Seven of the 10 staff satisfaction questionnaires provided at inspection were completed and returned to RQIA. Positive responses were received with the exception of one respondent who indicated they did not have time to listen and talk to service users and that care was not based on individual service users' needs or wishes.

## Areas for Improvement

No areas were identified for improvement from inspection of Standard 5.

Recommendation in regard to questionnaire responses is made under section 5.5.1 of this report.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the day care setting.

### Is Care Safe?

The staff at Lisburn ARC and three satellite centres had access to corporate policies that promote service user involvement and empowerment, and these were available for inspection. Policies included: service user involvement; responding to service user behaviour; safeguarding of vulnerable adults and whistleblowing. Staff confirmed policies were available to them at all times and that training had been provided. Staff training records examined identified recorded training dates and staff in attendance.

Review of complaints records retained showed that eight complaints were received from January 2014 to the date of this inspection. Complaints had been investigated in accordance with the trust complaints policy.

The inspector spoke with several service users individually and also in small groups. Service users spoke positively about how staff listens to their suggestions, views and opinions each



day and also at meetings held within zones in the centre. Service users confirmed that they felt safe and well cared for in the centre.

Ten service user satisfaction questionnaires were completed and returned to RQIA. In the main, responses were positive in regard to safe care in Standard 8. However, one respondent indicated that their views and opinions were not sought about the quality of the service and commented there was a lack of equipment / activity materials

### **Is Care Effective?**

The manager explained the range of methods utilised to ensure service users' views and comments shape the quality of services and facilities provided in each of the day care settings:

- Service user meetings were held monthly in each of the five zones within Lisburn ARC, and within the aligned satellite units, namely; Rowan Centre for physically disability and sensory impairment, Dairy Farm Day Care unit and Seymour Hill which focuses on horticultural work. Minutes of meetings held were recorded and retained. Minutes viewed by the inspector contained reference to service user views and comments, including therapeutic activities, social events and food. Staff facilitated meetings but in the main these are service user led.
- Friends of Lisburn ARC meetings to discuss centre issues, fund raising or any topic which impacts on care.
- Annual service user/representative satisfaction questionnaires to all stakeholders. Questions included, for example, provision of food, transport and activities.
- Monthly monitoring visit made on behalf of the registered provider included the views and comments made by service users/representatives.
- Person centred care plan reviews held with the care manager, service user/representative and staff member when the views and opinions of service user/representative are listened to, discussed and recorded.
- Suggestion box, situated within the main hallway, where service users, representatives or visitors can place written suggestions about the service.
- Comprehensive needs assessments / "My Service Plan" included the views, likes/dislikes and opinions of service users/representatives.
- Day care staff meetings, held bi-monthly, provide opportunity for staff to highlight and discuss any expressed opinions made by service users about the service and action necessary to address any improvements.

One relative who afforded time to speak with the inspector provided positive feedback in the care and support provided by staff; communication and activity provision. No issues or concerns were raised or indicated.

Photographs of the range of activities and outings service users participated and records examined provided evidence that therapeutic activities were varied, flexible and organised in response to service users' preferences and hobbies.

The availability of a range of information leaflets ensured service users were fully informed and kept up to date on different topics relevant to them, for example "How to Complain" in easy read pictorial format.

Examination of six care records provided evidence that annual care review meetings were taking place and service users and their representatives were encouraged to take part and actively contribute to the process.

The records viewed and discussions with service users demonstrated that they are encouraged to maintain their independence in as far as was possible and exercise control and choice when they are in the day centre.

### **Is Care Compassionate?**

The discussions held with service users provided evidenced that staff support them to ensure they get the most from their attendance at the day care centre.

Staff interactions with service users were observed at different intervals throughout the inspection. Staff interacted and addressed service users in a respectful, caring manner. There that service users had good relationships with staff through their open friendly conversations.

The monthly unannounced monitoring visits report included service users' views and opinions about the service.

Seven of the ten service users' questionnaires returned to RQIA indicated that care provided was compassionate. Three respondents indicated that staffing levels were not appropriate at all times and one of the three respondents indicated they did not feel safe and secure in the centre.

Service users who were able to converse during the inspection confirmed that they felt well supported by staff and that staff always had time to listen to them. Service users' comments on the day included for example:

- "I like coming here to meet up with my friends and make things."
- "Plenty to do; don't have to do things if I don't want to."
- "Staff is always about and helps me with getting around."
- "If I don't like the dinner I just say and staff will give me something else I like."
- "I can go to Raphael's office to say hello and have a chat; he always smiles and is friendly."

### **Areas for Improvement**

No areas were identified for improvement from inspection of Standard 8.

Recommendation in regard to questionnaire responses is made under section 5.5.1 of this report.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.5 Additional Areas Examined**

### **5.5.1 Staffing**

Staffing levels were discussed with the manager who confirmed that staff recruitment for three vacant posts was currently being processed by the Human Resources Department, and that

part time staff were willingly working extra hours alongside commissioned consistent bank and agency staff until vacant posts were filled. The manager confirmed that staffing levels were safe and appropriate to meet the needs of service users in attendance. The staff duty roster reflected staffing as described by the manager.

Staff meetings are held bi-monthly with minutes recorded. It is recommended that the manager discusses the responses made in questionnaires, as shown in this report, with staff and service users at the next service users and staff meetings; and where necessary agree and develop an action plan to address issues. A copy of the action plan is to be forwarded to RQIA.

### **5.5.2 Care Records**

Six care records examined contained comprehensive assessments which were complemented with a range of risk assessments. Care plans showed interventions to meet identified needs and evidence of reviews were in place. One issue discussed with the manager related to the risk assessment of choking. Recommendations made by the speech and language therapist were recorded. However, the level of staff supervision required during meal and snack times was not reflected. The manager confirmed that close supervision by staff is always provided at these times. One recommendation was made in regard to the recording of staff supervision within care plans of service users identified to be at risk of choking.

### **5.5.3 Accidents/Incidents Records**

Records of accidents/incidents were retained in the centre. Measures to minimise identified risks were reflected within care records viewed. Notifications in respect to behavioural issues submitted to RQIA was discussed with the manager, who confirmed that in the main these related to the transition phase of service users from local schools to day care; and that monthly clinics with the behavioural support team were held, with submission of analysis of weekly behavioural audits undertaken in the centre. Referral, where necessary, was also made to the vulnerable adult safeguarding team and notified to RQIA.

The manager demonstrated awareness of the notifications to be submitted to RQIA.

### **5.5.4 Environment**

The manager, staff and service users are to be congratulated on the winning runner up prize in the Eastern Health and Social Care Trust for "Best Kept Day facility (2015). New lockers/storage areas, outside raised flower beds, window boxes and a secure walled area all added to the achievement of this award.

During the two days of inspection, Lisburn ARC and satellite day care centres were observed to be clean, organised, comfortably heated and fresh smelling throughout. There were a range of resources to enhance the care and support independence of service users with their personal care needs. One area identified for improvement related to one chair within the Rowan Centre which requires attention as the leather upholstery was torn, presenting as a risk of cross contamination. One recommendation was made in regard to this chair.

Fire doors were closed and fire exits unobstructed. There was no visual evidence of any fire hazards.

One service user questionnaire returned to RQIA following the inspection made comment regarding the internal environment of Lisburn ARC during the summer, when the centre becomes very warm and uncomfortable for service users and staff. This matter was shared with RQIA estates inspector. The lack of adequate space for some service users with complex behavioural needs was also indicated. The manager was requested to forward a response on the comments to RQIA.

## **6. Quality Improvement Plan**

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Raphael Kearns, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### **6.1 Statutory Requirements**

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.


### **6.2 Recommendations**

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

### **6.3 Actions Taken by the Registered Manager/Registered Person**

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) and assessed by the inspector.

## Quality Improvement Plan

Recommendations			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 5.6  <b>Stated:</b> First time  <b>To be Completed by:</b> 13 April 2016.	The identified risk of a service user choking, as reflected within care plans, should include a record of the level of staff supervision required at meal and snack times.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Speech and Language Therapists informed and to include on new individual service users placemats. Risk Assessments also being updated by day care workers to reflect staff required.		
<b>Recommendation 2</b>  <b>Ref:</b> Standard E11  <b>Stated:</b> First time  <b>To be Completed by:</b> 31 May 2016	The leather upholstery which is torn and unsightly on one chair within the Rowan Centre requires attention.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Quotes being sought to replace chair.		
<b>Recommendation 3</b>  <b>Ref:</b> Standard 8.2  <b>Stated:</b> First time.  <b>To be Completed by:</b> 31 June 2016	The registered manager to discuss, at the next service users' and staff meetings, the identified areas of dissatisfaction in questionnaires returned to RQIA, as shown in this report. Where necessary agree and develop an action plan to address issues. A copy of the action plan to be submitted to RQIA.		
	<b>Response by Registered Person(s) Detailing the Actions Taken:</b> Feedback from questionnaires shared with staff at team meeting 26/4/16. Feedback to be provided to service users at Service User meeting arranged for 4/516		
<b>Registered Manager Completing QIP</b>	Raphael Kearns	<b>Date Completed</b>	28/4/16
<b>Registered Person Approving QIP</b>		<b>Date Approved</b>	6/5/2016
<b>RQIA Inspector Assessing Response</b>	Priscilla.Clayton	<b>Date Approved</b>	11/05/16

*\*Please ensure this document is completed in full and returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\**

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.