

### Inspection Report

### 18 December 2023











## **Bayview Resource Centre**

Type of service: Day Care Setting Address: 11-13 Ballyholme Road, Bangor BT20 5JH Telephone number: 028 9127 0352 Information on legislation and standards underpinning inspections can be found on our website <a href="https://www.rqia.org.uk/">https://www.rqia.org.uk/</a>

#### 1.0 Service information

Day Care Settings.

Organisation/Registered Provider: Registered Manager:

South Eastern HSC Trust Ms Lynn McQuillan

**Responsible Individual:**Ms Roisin Coulter

Date registered:
20 May 2009

Person in charge at the time of inspection: Manager from another of the organization's

Brief description of the accommodation/how the service operates:

Bayview Resource Centre is a purpose-built Day Care Setting with places approved for 60 adults. Service users may have assessed needs in one or more categories of disability, infirmity, dementia, illness, sensory impairment or addiction. Programmes are arranged throughout each week to meet the needs of people in their allocated groups.

#### 2.0 Inspection summary

An unannounced inspection was undertaken on 18 December 2023 between 9.30 a.m. and 2.30 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management was also reviewed.

An area for improvement was identified relating to the quality monitoring process.

Good practice was identified in relation to service user involvement, staff induction, dysphagia management and the review of incidents.

We wish to thank the person in charge, service users and staff for their support and cooperation during the inspection.

### 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.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body RQIA has 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 day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic staff survey.

#### 4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members.

The information provided indicated that they had no concerns in relation to the day care setting.

Comments received included:

#### Service users' comments:

- "The manager is amazing and has been so helpful to me."
- "All good; love coming here."
- "It gets us out and talking."
- "Great place, staff are great."
- "No problems, I speak to the manager if I have any problems."
- "Good fun, I enjoy coming and I can choose what I want to do."

#### Staff comments:

- "Happy here, there is an open door policy with the manager."
- "Any issues are discussed and resolved."
- "I feel supported."

- "Service users are safe; nothing is more important than them."
- "We can come to the manager about anything."

Returned questionnaires indicated that the respondents were satisfied that care provided was safe, compassionate and effective and that the service was well led.

There were no responses to the electronic survey.

### 5.0 The inspection

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

The last care inspection of the day care setting was undertaken on 27 October 2022 by a care inspector. No areas for improvement were identified.

#### 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.

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

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns. They could also 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 retained details of any referrals made to the Health and Social Care (HSC) Trust in relation to adult safeguarding. A review of records confirmed that no referrals had been made since the last inspection.

Service users said 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.

RQIA had been notified appropriately of any incidents as required. There is a system for recording details of incidents electronically; from records viewed it was confirmed that incidents had been managed appropriately.

Staff were provided with Moving and Handling training appropriate to the requirements of their role. The person in charge reported that none of the service users currently required the use of specialised equipment.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures. There was also evidence of regular contact with service users and their representatives.

All relevant staff had been provided with training in relation to medicines management. The person in charge advised that no service users required their medicine to be administered orally via a syringe. They were aware that should this be required a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) Northern Ireland 2016 provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate DoLS training appropriate to their job roles. The person in charge reported that one of the service users were subject to DoLS. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, their care records contained details of DoLS assessments completed and agreed outcomes; these had been developed in conjunction with the HSC Trust representative.

A Fire Risk Assessment had been completed in September 2022. Records reviewed indicated that required fire checks had been completed. Staff had completed fire safety training updates and participated in a Fire Evacuation Drill.

Observations of the environment observed it to be warm, clean and uncluttered. Fire exits were observed to be unobstructed throughout the inspection.

#### 5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. It was noted that staff are in the process of transferring all records to an electronic system.

It was also positive to note that the day care setting facilitated service user meetings on a regular basis. We discussed with the person in charge the need to include more comments made by service users in the minutes of the meetings.

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

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

### 5.2.4 What systems are in place for staff recruitment and are they robust?

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body. There was a system in place for professional registrations to be monitored by the manager. A spot check completed during the inspection indicated that staff were appropriately registered. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There was a number of volunteers working in the day care setting. The day care setting had a policy and procedure for volunteers which clearly specified their role and responsibilities. The person in charge confirmed that volunteers did not undertake any personal care duties and that AccessNI checks and relevant training had been completed.

# 5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the day care setting's policies and procedures. The induction programme included shadowing of a more experienced staff member. Written records were retained by the day care setting of the person's capability and competency in relation to their job role.

A review of the records pertaining to Regulation 20 of The Day Care Settings Regulations (Northern Ireland) 2007 and Standard 21 of The Day Care Settings Minimum Standards 2021 relating to staff also identified that they had been recruited, inducted and trained in line with the regulations.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

# 5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

It was noted that there were arrangements in place for monitoring the quality of the service provided, however it was noted that a number of monitoring visits had not been completed in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports available established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. In addition, it was noted that the process needs to include a review of the previous action plan. An area for improvement has been identified.

The Annual Quality Report was reviewed and was satisfactory.

The person in charge advised that no incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The day care setting's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. The person in charge advised that no complaints had been received since the last inspection.

There was a system in place for managing instances where a service user did not attend the day setting as planned. This included a system for recording the service users who attend.

#### 6.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the QIP were discussed with the person in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		
Area for improvement 1  Ref: Regulation 28.(3)	The registered person shall ensure that quality monitoring visits are completed on a monthly basis and a report produced.	
Stated: First time	The process should include a review of the previous action plan.	
To be completed by: Immediate and ongoing	Ref: 5.2.6	
from the date of inspection.	Response by registered person detailing the actions taken: The Registered Manager will ensure that any actions on the monthly monitoring report for Bayview Centre will be added and followed through at each visit by the Monitoring Officer.	

<sup>\*</sup>Please ensure this document is completed in full and returned via Web Portal\*





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