

# Inspection Report

27 October 2022



## Bayview Resource Centre

Type of service: Day Care Setting  
Address: 11-13 Ballyholme Road, Bangor BT20 5JH  
Telephone number: 028 9127 0352

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> South Eastern HSC Trust	<b>Registered Manager:</b> Ms Lynn McQuillan
<b>Responsible Individual:</b> Ms Roisin Coulter	<b>Date registered:</b> 20 May 2009
<b>Person in charge at the time of inspection:</b> Ms Lynn McQuillan	
<b>Brief description of the accommodation/how the service operates:</b>  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 27 October 2022 between 9.45 a.m. and 2.45 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, Dysphagia and Covid-19 guidance was also reviewed.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

## 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, relatives and staff members.

The information provided indicated that there were no concerns in relation to the day care setting.

Comments received included:

##### **Service users' comments:**

- "Great place, I love coming."
- "Staff are wonderful."
- "I enjoy the company. Chat to others and it breaks up the day."
- "I get choice and it is a very relaxed place."
- "I like the staff they are a great help."
- "I attend service user meetings, I am on the committee and I am listened to."
- "I have no concerns; I would be lost without it."
- "Going to take a while to get back to what it was before Covid."
- "I think they could do with more staff/volunteers to allow more variety of activities to be provided."

##### **Service users' relatives/representatives' comments**

- "Mum loves it, I have no concerns."
- "It is the best thing for mum; staff are great."
- "Every time I pick mum up she tells me it is a brilliant house."

##### **Staff comments:**

- "Groups are very good; the staff are all good at certain things."
- "It is about getting to know the service users and what they like."

- “I can raise issues with the manager or senior.”
- “It’s like a family.”
- “I love working here.”
- “I feel well supported.”
- “Service users come first.”
- “I love my job; it is a great place to work.”
- “Making service users lives better.”
- “Manager is very supportive.”

### HSC Trust representatives’ comments

- “I am very happy with first of all that Bayview Centre exists to enable some of my service users to attend. It is a great opportunity for people who would be isolated to have the opportunity to meet new people, develop new interests, and have a change of environment. Bayview also enables carers to have a break from their caring role.”
- “Bayview have great staff and they offer a varied timetable to try to meet the individual service users’ needs. I find the staff very caring and professional.”
- “The staff would contact me with regards to any concerns about my service users.”

No questionnaires were returned. 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?

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 care inspection of the day care setting was undertaken on 21 March 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 21 March 2022		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21. (1) (a)(b), (2) (a) (b) and Schedule 2.  <b>Stated:</b> Second time  <b>To be completed by:</b>	The registered person or manager shall not employ a person to work in the day care setting unless- (a) The person is fit to work in the day care setting; (b) Subject to paragraph (3), he has obtained in respect of that person the information and documents specified in Schedule 2 (2) The registered person shall not allow a	<b>Met</b>

<p>Immediate and ongoing</p>	<p>person who is employed by a person (“the employer”) other than the registered person to work in a position where he may have regular contact with service users in the day care setting, unless—</p> <p>(c) the employer has obtained in respect of that person the information and documents specified in Schedule 2; and has confirmed in writing to the registered person that he has done so;</p> <p>Refers to ensuring that all staff including those support workers not directly employed by the organisation have evidence of enhanced criminal record checks.</p> <p>Ref: 5.2.3</p>	
<p><b>Action taken as confirmed during the inspection:</b> Inspector confirmed that all staff including those support workers not directly employed by the organisation have evidence of enhanced criminal record checks.</p>		

**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 DoH’s regional policy ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015 and clearly outlined the procedure for staff in reporting concerns.

Discussions with the manager 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 records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that no referrals had been made since the last inspection.

With regards to fire safety, records examined identified that a number of checks and audits had been undertaken including fire alarm tests. It was noted that the last full evacuation drill had taken place on 26 May 2022. Fire risk assessments for the centre were available for the inspection and had been completed on 3 October 2022. Records stated the most recent fire safety training for staff took place on 29 March 2022.

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. The day care setting had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

RQIA had been notified appropriately of any incidents as required. Records viewed indicated that incidents had been managed appropriately.

Staff were provided with training appropriate to the requirements of their role. The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

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, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) 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. 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 a letter confirming DoLS is in place is held on file.

### **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. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also positive to note that the day care setting had service user meetings on a regular basis which enabled the service users to discuss what they wanted from attending the day centre and any activities they would like to become involved in. Some matters discussed included Dysphagia/Choking and Activities

We found an effective quality assurance survey took place regularly and we reviewed the results and outcomes that were satisfactory. The service delivered had also been regularly reviewed through a range of internal and external audits.

The day care setting had completed an annual review in relation to their practice which incorporated service user and their representatives' feedback (Regulation 17). This was disseminated to all of the service users.

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

New standards for modifying food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). 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.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting. 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?**

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. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC).

There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There was one volunteer 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 manager confirmed that volunteers did not undertake any personal care duties and that AccessNI checks 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. There was a robust, structured, three day induction programme which also 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.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. The manager was advised to discuss the post registration training requirement with staff to ensure that all staff are compliant with the requirements.

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

There were monthly monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's monthly quality monitoring 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.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

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. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the day care setting's monthly quality monitoring process.

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

RQIA was satisfied that this day care setting was providing services in a safe, effective, caring and compassionate manner and the service was well led by the manager / management team.

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



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