



The Regulation and  
Quality Improvement  
Authority

Bayview Resource Centre  
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## Unannounced Care Inspection of

### Bayview Resource Centre

### 24 August 2015

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 24 August 2015 from 10.00 to 15.30. Overall on the day of the inspection the Day Care Service 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, 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 action 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	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Hugh McCaughey	<b>Registered Manager:</b> Lynn McQuillan
<b>Person in Charge of the Day Care Setting at the Time of Inspection:</b> Lynn McQuillan	<b>Date Manager Registered:</b> 25 September 2009
<b>Number of Service Users Accommodated on Day of Inspection:</b> 38	<b>Number of Registered Places:</b> 60

## 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

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed: incidents notification which revealed four incidents had been reported to RQIA, the reported information did not raise any concerns. Notes regarding this day care setting which not did reveal any issues for this inspection; and the last inspection report and QIP which revealed no requirements and one recommendation had been made.

During the inspection the inspector met with the 13 service users, the registered manager and three staff. There was no visiting professionals or representatives/family members. Three service users and three staff completed inspection questionnaires.

The following records were examined during the inspection: Six individual service user files including their care plans; the complaints record which contained no complaints for 2014 or 2015; the incidents register from July 2014 to August 2015; three registered provider visits (regulation 28 visits) for March, April and May 2015; policies and procedures relevant to this year's standards and theme; statement of purpose; service users guide; the annual report 2015; service users group agenda and meeting minutes for January, April and May 2015.

## 5. The Inspection

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

The previous inspection of the service was an announced care inspection dated 25 June 2014. The inspection did not result in any requirements and one recommendation. 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 Recommendations		Validation of Compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 7.7 <b>Stated:</b> once	The manager is required by the Trust's Governance Department to counter-sign every record of a care plan revision. It is recommended that the registered person should review and revise this current requirement, with a similar audit timescale as is effectively in operation in a number of other areas of the centre's record keeping. The standard requires records to be "periodically reviewed and signed-off by the manager.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The review of documentation verified the signing of documentation was compliant with this standard.	

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

#### Is Care Safe?

There is a trust continence policy and procedure in place which is accessible by staff in this day care setting. In this programme of care the day centre managers had developed a continence promotion policy and procedure which was dated July 2015. The procedure included flow charts for staff to use. This was an easy reference to assist staff in identifying, meeting and supporting continence needs.

The inspector sampled six service users' needs assessment, risk assessments and care plans. These had been kept under continual review, amended as changes occurred and kept up to date to reflect the needs and preferences of the service user. The needs assessment and care plan's had been appropriately signed. The sample of care plans inspected did include (where appropriate) continence promotion. Staff reported they have been seeking service user's preferences through discussion and were requesting professional assessments to ensure their care is responsive to assessed need.

Staff discussion confirmed they are aware of the different continence products and they felt their awareness had been improved when they attended promotion of continence training on 17 June 2015. They also discussed their use of PPE and their care practice was observed as reflective

of current infection control guidance. Staff revealed service users bring their own continence products and have an individualised approach to meeting needs. The bathroom located in the room where the service users diagnosed with dementia spend most time had appropriate signage; and the toilet had a different colour seat in keeping with dementia best practice.

The observations of the environment did not identify any concerns regarding odour and location / storage of PPE and continence products. Furthermore arrangements were in keeping with infection control guidance.

Staff meeting records were sampled from January to June 2015. The records evidenced staff had discussed changes regarding service users individual care needs as a standing item at each meeting, the records showed staff had discussed how to improve practice regarding continence care and implementing changes to improve practice.

Three staff inspection questionnaires responded staff were very satisfied they had received mandatory training and appropriate training to meet the service users' needs. Staff were satisfied to very satisfied that the service users receive timely support from the multi-disciplinary team and equipment is obtained in a timely manner.

In conclusion the individual care plans identified how individual continence needs are met and supported safely in this day care setting. This conclusion was reached by discussion with staff, review of a sample of records and observation of practice which showed staff had actively sought service users and their representatives' views regarding personal care. These discussions included continence promotion and identifying continence needs. Staff discussed they recognised this may be a difficult subject matter for service users to openly discuss and were therefore sensitive to this. In the records service user's choices, issues of concern; and risks had been recorded and were acted on in the centre.

### **Is Care Effective?**

The walk around the environment where intimate care needs are met evidenced staff were aware of how to enable and encourage a service user with dementia to use the bathroom by using contrasting colours and signage. Supplies of continence products are generally brought in by individuals however if they forget the care plan documents what to do. Finally discussion with staff evidenced they are aware of how to meet assessed needs and staff have unrestricted access to PPE in the centre.

Staff had received appropriate education and training in continence promotion which they reported they found useful, staff openly discussed how this will improve their overall approach to continence care and promotion. This proactive approach to care is impressive and led by the manager in this setting.

Discussions with service users confirmed they feel they are listened to and their opinions are respected in all areas of their needs. Service users described feeling valued and their dignity, sense of worth and independence had been promoted. The service users all said staff are approachable and were very caring. Service users also said the bathrooms were accessible for them and staff assist them if they need help.

Three questionnaires were completed individually by service users and the inspector discussed the questions with thirteen other service users during the inspection. This revealed service users are very satisfied staff know how to care for them. Service users commented: "staff are

brilliant”; “staff couldn’t be any better”; “staff are very caring in every sense”; “the centre is safe and accessible, we can open doors easily”; “it’s easy to get around”. “The staff are all excellent, don’t know what life would be like without Bayview”.

Three questionnaires were completed by staff and these stated staff are very satisfied they have access to continence products and PPE. One staff member commented on the questionnaire “management are supportive if staff request items required to carry out personal care”. Staff told the inspector they are aware of service users’ needs regarding continence and if they observe any changes they refer them to the appropriate professional. Staff identified service users need to feel confident and secure. Staff also recognised service user’s preferences must be respected, their dignity must be protected and they must feel comfortable in their environment and with staff.

The manager described the system in place to identify continence issues, the referral system, evaluation and review of care plans had ensured information regarding needs is current and care plans meet the needs identified.

In conclusion the individual care plans effectively identified individual continence needs which are met and supported in this day care setting

### **Is Care Compassionate?**

The inspection of records and discussion with the staff and service users concluded staff are knowledgeable and reflect a person centred approach in their care. Staff are aware of the need to promote service users continence and assist service users to be as independent as possible. Staff and service users agreed the staff openly communicate with them and their relatives regarding their personal care needs. The inspection concluded staff seek service users preferences and the baseline assessments of need; to ensure care is responsive to each individuals needs and preferences.

Staff identified their training, staff discussions and communication with service users ensured they have sufficient knowledge and skill to meet personal care needs compassionately and competently, including continence care and support. Discussion with service users revealed staff are compassionate; obliging, they smile, “they talk to us”; “the staff don’t talk down to you”; staff don’t undermine service users and if they ever had an issues service users felt confident it would be sorted out”.

Three questionnaires were completed individually by service users and the inspector discussed the questions with thirteen other service users during the inspection. This revealed service users are very satisfied with the care and support they receive.

Three questionnaires were completed by staff and these stated staff are very satisfied service users are afforded privacy, dignity and respect in the setting; that service users are encouraged to retain their independence; they are satisfied they have time to talk with service users; and service users care is based on individual service users’ needs and wishes. One staff member commented “I feel that at Bayview each service user is treated in a dignified manner and this is due to the staff team. A team who agree that people should be treated in a manner that we would like ourselves and family members to be treated and cared for”.

In conclusion the individual care plans compassionately describe meeting individual continence needs which are met and supported in this day care setting. The staff deliver care compassionately to service users when meeting continence needs.

### Areas for Improvement

**No areas for improvement were identified regarding the care plan: Where appropriate service users receive individual continence promotion and support**

<b>Number of Requirements</b>	<b>0</b>	<b>Number 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 observation of practice and discussions with staff evidenced staff actively seek service users' and their representatives' views and incorporate these into practice, to ensure that choices, issues of concern, complaints or risks are recorded and acted on.

Observation and review of six individual service user records, user group records and discussions with service users evidenced service users are listened to and responded to by staff who are knowledgeable about service users' individual communication needs.

The needs assessment, risk assessments and care plans had been kept under continual review which was clearly recorded in each individual file, plans had been amended as changes occurred and kept up to date to accurately reflect at all times the needs and preferences of the service user. The needs assessment and care plan was appropriately signed. Bayview has a user's committee, the pictures of the members, the role of the committee and outcome of the meetings was clearly displayed on a large board in the corridor. The committee meets at least 10 times per year to discuss suggestions, compliments, complaints raised by users of the centre. There are two representatives for each day of the week to ensure service users can approach a representative to bring any issues to the committee. The Annual report details a range of matters that the service users have been consulted on such as food, transport and activities. The responses reported service users were satisfied to very satisfied with the care they are provided with and a number of positive comments as well as some suggestions to improve what they already felt was a good service.

There are trust policies regarding:

- service users' meetings and forums
- listening and responding to service users' views
- service users' involvement in activities and events
- communications with carers and representatives
- general communication arrangements

There is a local policy regarding involvement of the service users in the running of the day centre and this also gives clear guidance regarding all of the above matters.

There is a trust policy regarding:

- safe and healthy working practices
- complaints

Three service users returned inspection questionnaires which reported they are satisfied to very satisfied they feel safe and secure in the setting and staffing levels are appropriate. The following comments were recorded by service users “staffing levels are as good as they can be considering the state of this country”, “good centre, good staff, enjoy this centre very much, this is a good place to be”.

In conclusion the service users' views and comments shape the quality of services and facilities provided by the Day Care setting to ensure they are safe and meet service users needs.

### **Is Care Effective?**

There is a range of methods and processes where service users' and their representatives' views are sought, recorded and records include details of the action taken. The centre has a user's committee who are elected by the service users. They are a group who bring service user issues to the team for action; consult with service users re issues raised by staff; report back to meetings; form views on activities, the environment; and if any improvements can be made. The service users spend time with their key worker to discuss their individual issues, they report their views annually on questionnaires, are involved in monitoring visits, and discuss their individual preferences for the review of their care plan.

There is a clear emphasis on person centred care and planning with service users which promotes service users (or their representative) participation in decisions about the care and support services received. They are encouraged and are enabled to exercise choice and control over their lifestyle and this is recorded in their individual file.

Discussion with service users confirmed they felt they had been listened to and they described staff as brilliant. Service users talked about activities and how they choose what to be involved in. Service users also said the staff were effective in meeting their needs and they could learn new skills and information in Bayview. The inspection showed service users choices, preferences, opinions or suggestions have been facilitated or implemented effectively and service users do feel listened to.

Discussions with staff revealed they are concerned that service users' feel confident, secure, feel respected, that their dignity is protected, their needs are met and they are comfortable in the environment and with staff. Staff described how they encourage service users to make choices. Staff described changes made as a result of feedback from service users either individually or as a group for example menu choices, activities, the garden project.

In conclusion the service users' views and comments shape the quality of services and facilities provided by the Day Care setting to ensure they are effective and meet service users' needs.

## Is Care Compassionate?

Discussion with staff and review of records showed there is a high level of regard with the centres processes for protecting service user dignity, encouraging and respecting individual choices and preferences, keeping service users informed and giving service users opportunity to express their preferences, wishes and feelings. Discussion also revealed service users are listened and responded to by staff who are knowledgeable about individual service users' communication needs for example giving everyone time and opportunity to speak, using different aids to enable communication, seating service users in a group to encourage involvement and ensure all service users can hear or follow conversations.

Service users were informed during the inspection who the inspector was and were encouraged to discuss their views and opinions with the inspector. Monitoring visits also detailed consultation with service users.

Three service users completed inspection questionnaires which described they are very satisfied to satisfied their views and opinions are sought about the quality of the service. One service user discussed the staffs compassion further in this regard and asked for more help and encouragement from staff to maintain his independence and staff responded positively to this request. Discussion with service users revealed service users feel staff are very obliging, they smile, don't talk down to them and don't undermine them, they felt able to say if they had an issues and were confident it would get sorted out.

Staff commented they really enjoy working in the day care setting and identified they work well together as a team and the manager is always approachable and available. Three staff returned inspection questionnaires and they reported staff are satisfied to very satisfied that service users are encouraged to make choices; staff have time to listen and talk to service users; the service is based on service users wishes; service users are given opportunities to be involved in and influence the running of the centre; systems are in place to seek service users views and opinions; management respond to suggestions, issues, concerns or complaints; and service users are kept informed regarding changes.

In conclusion the service users' views and comments shape the quality of services and facilities provided by the Day Care setting to ensure they compassionately meet service users' needs.

### Areas for Improvement

**No areas for improvement were identified regarding service users' involvement: Service users' views and comments shape the quality of services and facilities provided by the Day Care setting.**

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

### 5.5.1 File reviews

The inspector reviewed six service user individual records which were kept in individual files. They contained evidence of file audit; assessment; care planning documentation; activity records; risk assessment; review documentation and minutes. The review of these files did not identify any improvements were required and the inspection identified quality of information recorded was detailed and person centred.

### 5.5.2 Complaints

The complaints record was reviewed and this revealed no complaints or issues of dissatisfaction were made in 2014 or 2015.

### 5.5.3 Incidents

The inspector sampled entries made in this record from 25 June 2014 to the day of this inspection and this did not reveal any improvements or concerns that require further discussion.

### 5.5.4 Provider visits

Monitoring visits sampled for March, April & May 2015 and this did not reveal any improvements or concerns that require further discussion. The records had a clear focus on monitoring and improvement with evidence of conclusions made. There is evidence this year's standards and theme were examined during the visits. Similar to the inspection findings the staff had reviewed current practice and put additional measures in place to improve practice. Improvements were focussed on choice, preferences and ensuring there is a baseline assessment in place so improvements can be identified. This was also to ensure if there is deterioration an appropriate response can be made to meet identified needs.

## 6.0 No requirements or recommendations resulted from this inspection

<b>I agree with the content of the report.</b>			
<b>Registered Manager</b>	Lynn McQuillan	<b>Date Completed</b>	22.09.15
<b>Registered Person</b>	Hugh McCaughey	<b>Date Approved</b>	28.09.15
<b>RQIA Inspector Assessing Response</b>	<b>Suzanne Cunningham</b>	<b>Date Approved</b>	<b>29.09.2015</b>

Please provide any additional comments or observations you may wish to make below:

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