

Inspection Report

21 March 2022



Bayview Resource Centre

Type of service: Day Care
Address: 11-13 Ballyholme Road, Bangor, BT20 5JH
Telephone number: 02891270352 Option 7

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

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|--|---|
| Organisation/Registered Provider: South Eastern Health and Social Care Trust | Registered Manager: Ms Lynn McQuillan |
| Responsible Individual: Mrs Roisin Coulter | Date registered: 20 May 2009 |
| Person in charge at the time of inspection: Senior day care worker | |
| 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 took place on 21 March 2022 from 09.10 a.m. to 1.30 p.m.

This inspection was underpinned by the by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

This inspection focused on staff recruitment, staff registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints and whistleblowing. We also reviewed Deprivation of Liberty Safeguards (DoLS), dysphagia arrangements, monthly quality monitoring and Covid-19 guidance.

Evidence of good practice was found in relation to staffing arrangements, communication between service users, staff and other key stakeholders; monthly monitoring, the culture and ethos of the day care setting including the choices offered and the high standard of meal provision.

Service users were asked their views about attending the day care setting and they all responded positively.

One area for improvement is made in respect of Access NI checks for support staff not directly employed to work in the day centre. This area of improvement is restated.

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

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.

Prior to inspection we reviewed the information held by RQIA in relation to the day care setting. This included the previous inspection report and Quality Improvement Plan (QIP) and any written and verbal communication received since the previous care inspection.

During our inspection we focused on speaking with the service users and staff to find out their views on the service.

The inspection also focused on reviewing a range of relevant documents, policies and procedures relating to the day care setting's governance and management arrangements. This included checking how staffs' registrations with NISCC were monitored.

During the inspection we discussed any complaints and incidents with the person in charge and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

4.0 What people told us about the service.

We spoke with several service users, two relatives and four staff including the person in charge.

In addition very positive feedback was received from service users in the questionnaires returned to RQIA.

A service user commented:

- "I think the centre and staff are wonderful"

Comments received during inspection process:

Service users' comments:

- "I like the company here"
- " Staff are good to me"
- "The meals are really good"

Staff comments

- “Management are very approachable”
- “I get on well with everyone on the team”
- “Brilliant management, door is always open”

Relatives’ comments:

- “ Staff are very nice”
- “**** is delighted to go, really enjoys it”
- “Staff are very helpful and thoughtful”

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 inspection to Bayview was undertaken on 3 March 2020 by a care inspector one area for improvement was identified. A QIP was issued. This was approved by the care inspector and was validated during this inspection. An inspection was not completed for the 2020-2021 inspection year due to the first surge of the Covid-19 pandemic.

| Areas for improvement from the last inspection on 3 March 2020 | | |
|---|---|---------------------------------|
| Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 21. (1) (a)(b), schedule 2 (a)(b) | <p>The registered person or manager shall not employ a person to work in the day care setting unless-</p> <p>(a) The person is fit to work in the day care setting;</p> <p>(b) Subject to paragraph (3), he has obtained in respect of that person the information and documents specified in Schedule 2</p> <p>Schedule 2</p> <p>(a) Where a certificate is required for a purpose which is prescribed by regulations under section 113B of that Act, an enhanced criminal record certificate issued under that section; or</p> <p>(b) In any other case, a criminal record certificate issued under section 113A of that Act.</p> <p>This relates specifically to evidence of the</p> | Partially met |

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| | <p>date of the Access N.I. check and the Access N.I reference number prior to a staff member commencing duty or, will have on record in the staff file, a letter of confirmation from BSO that this record has been checked prior to the date of commencement of employment.</p> <p>Ref: 6.1</p> | |
| | <p>Action taken as confirmed during the inspection:</p> <p>Letters of confirmation were not available on the day of inspection. Following the inspection details of the online process allowing managers to monitor and check the progress of an applicants' recruitment journey were emailed to the inspector. However support workers not directly employed by the centre did not have Enhanced Access NI clearance; this matter is restated.</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 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. The organisation had an identified Adult Safeguarding Champion (ASC).

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

Day care staff and support staff have completed adult safeguarding training and have regular updates. Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. They could 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 had a system for retaining a record of referrals made to the Health and Social Care Trust (HSCT) in relation to adult safeguarding. Discussions with the person in charge indicated that no adult safeguarding referrals had been made since the previous inspection.

Service users who spoke to us stated they had no concerns regarding their safety; they described how they could speak to staff if they had any issues about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

Staff had completed appropriate DoLS training relevant to their job roles. The person in charge discussed how representatives from the HSCT are processing formal capacity assessments. The outcomes of these assessments may result in a review of care plans which will be reviewed at the next inspection. The inspector noted that one person has emergency provisions in place and the care plan for this person includes details of restrictive practices which have been prescribed and then agreed by the next of kin.

Staff demonstrated that they had an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

The person in charge told us that the service did not manage service users' monies with the exception of lunch and activity payments receipts for which are counter-signed.

The agency's governance arrangements in place for identifying, managing and, where possible, eliminating unnecessary risk to service users' health, welfare and safety were reviewed during the inspection. This indicated that an effective incident and accident reporting policy and system was in place. Staff are required to record any incidents and accidents in a centralised electronic record, which is then reviewed and audited by the manager and senior management.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and Infection Prevention and Control (IPC) practices. The environment was observed and there was evidence of IPC measures in place such as Personal Protective Equipment (PPE) which was available for staff.

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

International Dysphagia Diet Standardisation Initiative (IDDSI) standards regarding the modification of food and fluids were introduced in August 2018. It was established that staff had completed training in Dysphagia awareness.

The discussions with staff and review of service user 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 day care 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.

Observation of the lunchtime menu evidenced that service users were given a choice in regards to the meals being served which appeared to be very appetising. Staff demonstrated a good

knowledge of service users' wishes, preferences and assessed needs as identified within the service users' care plans and associated SALT dietary requirements; staff were familiar with how fluids should be modified.

5.2.3 Are their robust systems in place for staff recruitment?

Staff recruitment was completed in conjunction with the organisation's Human Resources (HR) department. The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the Regulations and Minimum Standards, with registered managers able to monitor potential employees' recruitment journey and checks including Access NI before persons commenced employment and had direct engagement with service users. The inspector noted that persons not employed by HSCT but engaged by service users to support them whilst attending the day centre setting did not have Access NI Enhanced Disclosure status. Two of the three support workers in the day centre on the day of inspection had basic checks completed; no evidence of Access NI checks was available for the third support worker. This matter was discussed with the senior day care manager for the service following the inspection who agreed to review Access NI status for all who are in the centre as support workers and ensure enhanced checks are completed urgently. An area for improvement is identified.

A review of the records confirmed that all staff provided were appropriately registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates was monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, staff, and HSCT staff. The reports included details of the review of service user care records, accident/incidents, safeguarding matters, complaints, and staff training, and staffing arrangements.

There was a process for recording complaints in accordance with the agency's policy and procedures. It was noted that no complaints had been received since the last inspection.

Discussions with the person in charge and staff described positive working relationships in which issues and concerns could be freely discussed; staff reported they were confident that they would be listened to. In addition, staff confirmed that they felt supported by management.

It was established during discussions with the person in charge that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs) since the last inspection.

6.0 Conclusion

Based on the inspection findings and discussions held with staff and service users, RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner and that the service was well led.

One area requiring improvement was identified in relation to Access NI checks and will be restated.

7.0 Quality Improvement Plan/Areas for Improvement

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of Areas for Improvement | 1 | 0 |

Areas for improvement and details of the Quality Improvement Plan were discussed with the person in charge and senior day care manager, 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 | |
| <p>Area for improvement 1</p> <p>Ref: Regulation 21. (1) (a)(b), (2) (a) (b) and Schedule 2.</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing</p> | <p>The registered person or manager shall not employ a person to work in the day care setting unless-</p> <p>(a) The person is fit to work in the day care setting;</p> <p>(b) Subject to paragraph (3), he has obtained in respect of that person the information and documents specified in Schedule 2</p> <p>(2) The registered person shall not allow a 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>Response by registered person detailing the actions taken: In compliance with regulation 21, the Manager has ensured all staff including Support Workers not directly employed by the organisation has evidence that enhanced criminal record checks have been completed.</p> |

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