

Announced Care Inspection Report 18 January 2021



The Rowan Centre

Type of Service: Day care
Address: 56 Wallace Avenue, Lisburn, BT27 4AE
Tel No: 028 9262 8523
Inspector: Corrie Visser

www.rqia.org.uk

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

The Rowan Centre is a day care setting with up to 40 places that provides care and day time activities for service users with physical care needs, sensory impairment and/or acquired brain injury.

3.0 Service details

Organisation/Registered Provider: South Eastern HSC Trust	Registered Manager: Mrs Tiffany Wilkinson
Responsible Individual: Mr Seamus McGoran	
Person in charge at the time of inspection: Manager	Date manager registered: 25 November 2019

4.0 Inspection summary

An announced inspection took place on 18 January 2021 from 09.40 to 14.30 hours.

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. Since the inspection on 22 November 2018, RQIA have not completed a primary inspection. Whilst RQIA was not aware that there was any specific risk to the service users a decision was made to undertake an on-site inspection adhering to social distancing guidance.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

The agency's provision for the welfare, care and protection of service users was reviewed. We viewed the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 which is maintained by the agency in relation to the safeguarding of adults.

On the day of the inspection it was noted that one incident had taken place since the previous inspection on 22 November 2018. We examined the records and found that the agency had dealt with the incidents in accordance with its own policy and procedure.

The agency maintains and implements a policy relating to complaints. On the day of the inspection it was noted that the agency had not received any complaints since the last inspection.

Evidence of good practice was found in relation to staff registrations with NISCC, training of staff, communication with service users, staff and other key stakeholders and the attendance records of service users.

Good practice was also found in relation to all current Covid-19 guidance and the use of personal protective equipment (PPE) guidelines, Covid-19 education and management including infection prevention and control (IPC) measures.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

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

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 22 November 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 22 November 2018.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this day care service. This included the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service users, their relatives and staff to find out their views on the service. We also spoke with HC professionals involved with the service.

We ensured that the appropriate staff checks were in place before staff work with service users.

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland. Updated 16 June 2020.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included service user/relative questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA. Two service user/relative questionnaires were received and three staff responses were received, two however were incomplete.

During the inspection we spoke with six service users, five staff members and three professionals and following the inspection we communicated with four service users' relatives.

No areas for improvement were identified during this inspection.

We would like to thank the manager, service users, service user's relatives, staff and professionals for their support and co-operation throughout the inspection process.

6.0 The inspection

Action required to ensure compliance with the Day Care Settings Minimum Standards 2012		Validation of compliance
Area for improvement 1 Ref: Standard 21.3 Stated: First time	The registered person shall ensure that mandatory training requirements are met. This relates specifically to ensuring that staff receive basic life support and MAPA training in a timely manner.	Met
	Action taken as confirmed during the inspection: We reviewed the training matrix and it was noted that all staff were up to date with their training, in particular basic life support and MAPA.	
Area for improvement 2 Ref: Standard 7.5 Stated: First time	The registered person shall ensure that when no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case. The content of these records should also be improved to reflective progress with agreed care plans and the objectives of day care of individual service users.	Met
	Action taken as confirmed during the inspection: We reviewed five service users' file and it was noted that records were maintained for every fifth attendance and more detail of their objectives as agreed on their care plans and their progress was recorded.	

6.1 Inspection findings

Recruitment:

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's human resources (HR) department. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with relevant legislative requirements and their policy and procedures. It was discussed that once the pre-employment checks are completed, an email is sent from HR confirming this and a start date of employment can be issued. This ensures that the persons employed are suitable to be working with service users.

We reviewed the agency's matrix to monitor staff registration with NISCC and confirmed that all staff were currently registered with the relevant professional body. The manager reported that the registered is checked on a monthly basis to ensure staff are registered. The manager and

staff confirmed that they were aware they are not permitted to work if their NISCC registration lapses.

Comments from service users included:

- “Staff are friendly.”
- “You can talk to them at any time.”
- “It’s good to be back.”
- “We do art.”
- “We do physio and I’m buzzing about that.”
- “We used to go out shopping and for a walk.”
- “We used to go out to different places before covid.”
- “The food has got better.”

Comments from service users’ relatives included:

- “I think it’s fantastic.”
- “The staff are second to none.”
- “The guys who drive the bus are fantastic.”
- “xxxx looks forward to going.”
- “During the first lockdown, the staff came out once a week which was a fabulous service.”
- “Overall I am very happy.”
- “xxxx is happy which makes all the difference.”
- “Really good experience.”
- “Absolutely happy.”
- “xxxx had a few weeks off but was full of beans today due to going back.”
- “The staff, right down to the bus drivers, are brilliant.”
- “They look after xxxx very well.”
- “From the day xxxx started attending, I’ve had no complaints.”
- “I am delighted xxxx is attending and the staff are happy with xxxx.”

Comments from care workers included:

- “It’s a beautiful job.”
- “The service users are a joy to work with.”
- “There are challenges every day.”
- “We have an excellent team.”
- “We created a WhatsApp group when staff were redeployed at the start of the pandemic to support them.”
- “During the pandemic, we offered sits for service users to support families.”
- “It’s a rewarding job.”
- “The service users are working towards goals and objectives and we’re on that journey with them.”
- “As a staff team, we work well.”
- “It’s a lovely atmosphere to work in.”
- “It’s emotional watching the service users progressing.”
- “The service users trust us and I feel that it’s a huge privilege to be trusted.”
- “The manager is fantastic.”
- “It’s the first place I’ve worked where I am encouraged to do training.”
- “I enjoy the interaction with the service users.”
- “I really love working here.”

- “I enjoy seeing the difference I can make in this job.”

Comments from professionals included:

- “They are our lifeline.”
- “Our working relationship is very fluid.”
- “It’s the respite they needed.”
- “During covid, the sits were invaluable for our service users.”
- “Staff are good at attending reviews and would contact us when a review is due.”
- “We have one big review to ensure all professionals are available on the same day.”
- “Core staff have been there for years.”
- “The service users really love the day centre.”
- “The staff go above and beyond.”
- “Being in the same building works really well.”
- “The service users are always looking for more days as they enjoy it that much.”

Discussion with staff evidenced that they were knowledgeable regarding service users’ individual needs. Staff also demonstrated awareness of the need for person centred interventions which facilitate engagement with service users and promote effective communication and social engagement. Observations of staff practice on the day of inspection evidenced that they were confident and effective in their communication with the service user and adapted their communication methods as necessary. Staff were observed to be vigilant in responding to non-verbal cues as well as verbal communications. We observed interventions that were proactive and timely.

Three staff questionnaires were returned, two however were incomplete. The respondent was ‘very satisfied’ that the care being delivered was safe, compassionate and effective and ‘satisfied’ that the delivery of care is well-led.

Two service user/relative questionnaires were returned. One respondent was ‘very satisfied’ that the care being delivered was safe, compassionate, effective and well led and the second respondent was ‘very unsatisfied’ with all aspects of the care. We contacted the respondent by telephone to discuss their feedback and it was reported that the questionnaire was completed incorrectly and they were ‘very satisfied’ with the care they are receiving. Some comments included:

- “It’s good.”
- “The staff are all dead on.”

Covid-19

The environment was observed during the inspection and there was evidence of infection prevention and control measures in place such as PPE which was available for staff. Other infection prevention and control measures were in place, which included seven step hand hygiene notices positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins. Hand sanitisers were strategically located throughout the day care setting.

Observations of the environment concluded that it was fresh smelling and clean throughout.

Discussion with the manager and staff identified that they had a good understanding of the procedure to follow in the event of service users or staff being diagnosed with Covid-19. Staff

training records confirmed that staff had received training in IPC in line with their roles and responsibilities. Observation of staff practice evidenced that staff adhered to IPC procedures.

Staff had also completed training in relation to Covid-19 and training on the donning (putting on) and doffing (taking off) of PPE. Signage was displayed throughout the day care setting in relation to donning and doffing guidance.

Staff described how they wore PPE for activities that brought them within two metres of service users. The staff members spoken with reported that there was an appropriate supply of PPE and sufficient bins available to allow the safe disposal of PPE. IPC and hand hygiene audits were undertaken.

Environmental changes and changes to the routines of the day care setting had been made, to ensure that social distancing could be maintained. Chairs in the activity room had been rearranged to ensure that the two metre distance could be maintained.

There was also a system in place to ensure that staff and service users had a daily wellness and temperature check recorded.

Enhanced cleaning schedules were in place, to minimise the risk of cross contamination. This included the frequently touched points throughout the building. We observed care staff cleaning hard surfaces and frequently touched points throughout the inspection.

A Covid-19 file was available and included information related to:

- Covid-19 IPC guidance
- guidance on decontamination
- protocol temperature testing
- staff training
- risk assessments
- Bus guidance
- SEHSCT adult safeguarding/protection guidance
- staff antibody test
- guidance relating to aerosol generating procedures
- a visual guide to safe PPE
- donning and doffing PPE

We reviewed the current practices relating to the following areas of guidance and good practice pertaining to Covid-19.

- Dissemination of information to staff.
- Monitoring of staff practice.
- IPC policies and procedures have been updated to address all current guidance in relation to covid-19.
- Staff training and guidance in relation to infection prevention and control and the use of PPE, in line with guidance.

We reviewed records relating to infection prevention and control policies which were in line with the guidance.

The procedures and guidance in place evidenced that:

- robust systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff
- there are effective systems in place to monitor staff compliance with good IPC practices
- all staff working in the service are able to demonstrate their knowledge of IPC practice commensurate to their role and function in the service

From feedback, it was positive to note that staff were working well together to support the best outcomes for service users, in a caring manner whilst being caring and compassionate to both service users and their relatives.

It was also noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life, as confirmed in discussions with staff. Staff are being vigilant in terms of monitoring people for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19.

Areas of good practice

Evidence of good practice was found in relation to staff registrations with NISCC, training of staff, communication with service users, staff and other key stakeholders and the attendance records of service users.

Good practice was also found in relation to all current Covid-19 guidance and the use of PPE guidelines, Covid-19 education and management including IPC measures.

Areas for improvement

No areas for improvement were identified during this inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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