

Inspection Report

6 March 2023



The Rowan Centre

Type of service: Day Care Setting
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: South Eastern Health and Social Care Trust	Registered Manager: Mrs Laura Fleming
Responsible Individual: Ms Roisin Coulter	Date registered: 5 February 2021
Person in charge at the time of inspection: Mrs Laura Fleming	
Brief description of the accommodation/how the service operates: 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.	

2.0 Inspection summary

An unannounced inspection was undertaken on 6 March 2023 between 09.00 a.m. and 11.45 a.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 management and Covid-19 guidance was also reviewed.

It was positive to note that service users benefited from a well led service. There was a clear leadership and management structure in place which helped to ensure staff were knowledgeable about their role and responsibilities. The service was well organised and had a range of systems in place to support good communication.

Good practice was identified in relation to service user involvement. Staff we spoke with demonstrated strong caring values and a desire to provide service users with personalised care. Staff were familiar with the choices and preferences of individual service users and expressed a commitment to providing care in keeping with service users' care and support plans.

We noted some of the compliments received by the agency from a number of various sources:

- "I would like to thank you for all the help you give me."
- "I appreciate the help; it means a lot to me."
- "I like the craic with the staff."

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 the 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; with questionnaires and an electronic staff survey.

4.0 What did people tell us about the service?

During the inspection we spoke with service users and staff. The information provided by individuals indicated that there were no concerns in relation to the day care setting.

Service user comments:

- "Great staff."
- "I feel safe and secure."
- "I have no complaints."
- "I love it here."
- "All staff are good."
- "A good range of activities."
- "The manager has an open door."
- "An excellent service."
- "Staff are good at communicating."
- "A varied activity programme."
- "The centre could do with a spruce up!"

Staff comments:

- "A good comprehensive induction and shadowing others that prepares you for the role."
- "I have regular one to one supervision."
- "The manager has an open door policy to all."

- “Good staff communication.”
- “I’m aware of my responsibilities to NISSC as a social care worker including the standards and values.”
- “All my training is up to date.”

No service user questionnaires were returned prior to the issue of this report. One staff member returned their questionnaire and was very satisfied with the service.

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 18 January 2021 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’s) regional policy ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015 and clearly outlined the procedure for staff if they needed to report any concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

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

The manager had ensured that service users were provided with information about keeping themselves safe and the details of the process for reporting any concerns.

Staff were provided with training appropriate to the requirements of their roles. Where service users required the use of specialised equipment to assist them with moving and handling, this was included within the day care setting’s mandatory training programme. A review of records confirmed that where the day care setting is unable to provide training in the use of specialised

equipment, this will be identified by the staff before care delivery commences and training will be requested from the HSC Trust.

It was positive to note that a number of care reviews were undertaken in keeping with the day care setting's policies and procedures. The outcomes for people using the service reflected the principles and values of promoting choice and control, independence and community inclusion. We noted some comments from recent reviews:

- "I enjoy attending and get a lot out of the centre."
- "I feel safe and happy."
- "I like the centre and I'm well cared for."
- "I want to continue with the cookery."
- "I could not speak highly enough about the staff."

The Mental Capacity Act (MCA) 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.

It was positive to note that service users were supported to exercise choice and control in regard to decision making and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the setting supported this practice. Service users had the support of a team of staff who were suitably skilled and experienced to meet their assessed needs.

Staff had completed Deprivation of Liberty Safeguards DoLS training appropriate to their job roles. The manager reported that a number of current service users were subject to DoLS arrangements. Documentation in place was reviewed and was satisfactory.

Records examined identified that a number of safety checks and audits had been undertaken including fire alarm tests. It was noted that the last full fire evacuation drill was undertaken 4 August 2022. Reviewed Fire risk assessments for the centre were completed 2021 and is due 2023. Staff fire training was completed on the 14 August 2022. During the inspection fire exits were observed to be clear of clutter and obstructions.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and in discussion with staff, it was good to note that service users and families had an input into devising individual activities. The service users' care plans contained details about their likes and dislikes and the level of support they may require.

Care records were written in a respectful way, supporting people to express their views and be involved in making decisions about their care, respecting and promoting people's privacy, dignity and independence. The quality of service provision had also been regularly reviewed through a range of internal and external audits.

It was also positive to note that the day care setting had service user room meetings on a regular basis which supported the service users to discuss what they wanted to achieve from attending the setting and any activities they would like to become involved in.

Some agenda items and service users' comments include:

- Meals
- Covid
- Art project
- Building décor
- Transport
- Website
- Cooking

Comments:

- "A good idea to have the student help with the quality survey."
- "It's positive to be opening up more."
- "We really enjoy the aerobics sessions in the armchair."

From reviewing service users' care records and in discussions with staff, 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 were kept under regular review and service users and /or their relatives participated, where appropriate, in the review of the care provided on an annual basis, or when changes occurred.

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 and the required assessments were in place. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents. Swallowing awareness training was also completed by staff during First-Aid training.

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

A review of the day care setting's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (Access NI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered relevant professional regulatory bodies such as NISCC or The Nursing and Midwifery Council (NMC).

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

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 also included shadowing of a more experienced staff member. Written records were retained by the manager of the person's capability and competency in relation to their job role.

A review of the governance records identified that staff had been recruited, inducted and trained in line with the regulations.

The manager had maintained a record for each member of staff in respect of their training, including induction and professional development activities. The training records included the names and signatures of those attending the training event, the date(s) of the training and the content of the training programme. Staff were supported by a system of induction, training and supervision to ensure they were effective in their role.

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

There were monthly quality 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 quality monitoring established that there was engagement with service users, relatives, staff and HSC Trust representatives. The reports included details of a review of service users' care records; accident/incidents; safeguarding matters; staff recruitment, training and staffing arrangements.

Comments noted within monthly quality monitoring reports included:

Service users:

- "People help you and understand."
- "It's good to see the centre getting back to normal."
- "The staff are all great."

Staff:

- "We like to provide a range of activities."
- "Good peer support."
- "We receive regular supervision and training."

Relatives:

- "The staff work very hard to keep everyone happy."
- "The centre is very well run and the staff are pleasant and helpful."
- "My relative really likes it and the staff and drivers."

HSC Staff:

- “Communication with the staff is excellent.”
- “Everyone is happy with the services at Rowan.”
- “Staff appear very friendly with service users.”

The day care setting had completed an annual review in relation to their practice that incorporated service users’ and their representatives’ feedback in keeping with regulations. The 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.

There was a system in place to ensure that complaints were managed in accordance with the agency’s policy and procedures. No complaints had been received since the last inspection.

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

6.0 Quality Improvement Plan/Areas for Improvement

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



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