

# Unannounced Care Inspection Report 27 March 2018



## Suffolk Day Centre incorporating 'Focus Club'

**Type of Service: Day Care Setting**  
**Address: 88 Stewartstown Road, Belfast, BT11 9JP**  
**Tel No: 02895 042922**  
**Inspector: Dermott Knox**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

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 from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

This is a Day Care Setting with 80 places for adults with learning disabilities. It incorporates 'Focus Group', a separate unit for up to 10 people who have well-developed levels of decision making for their own activities and learning.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast HSC Trust	<b>Registered Manager:</b> Mr. Neil O'Hagan
<b>Responsible Individual(s):</b> Mr. Martin Joseph Dillon	
<b>Person in charge at the time of inspection:</b> Mr. Neil O'Hagan	<b>Date manager registered:</b> 09 October 2017
<b>Number of registered places:</b> 80	

### 4.0 Inspection summary

An unannounced inspection took place on 27 March 2018 from 10.00 to 18.00.

This inspection was underpinned by the 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 day care service was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to planning, staffing, leadership, training, teamwork, monitoring, record keeping, activity programming, safety and managing the environment.

No areas requiring improvement were identified at this inspection.

Service users said: "I enjoy coming to Suffolk Centre. It is a good place."

"I love bingo. If XX wins and I don't, he gives me his prize."

"I come here three days a week and I also go to drama at a theatre and to yoga and to swimming. I like everybody at Suffolk Centre, it is really good."

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Neil O'Hagan, 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 26 and 27 September 2016**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 26 and 27 September 2016.

#### **5.0 How we inspect**

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Record of notifications of events
- Record of complaints
- Quality Improvement Plan from the previous inspection on 26 and 27 September 2016
- Contact records between the service and RQIA

During the inspection the inspector met with:

- twelve service users in group settings
- one service user individually
- seven care staff in individual discussions
- the registered manager at the commencement and conclusion of the inspection

Ten questionnaires were left with the manager to be distributed to service users and relatives or carers of service users. Eight completed questionnaires were returned by service users on the day of the inspection.

The following records were examined during the inspection:

- The day centre's Certificate of Registration
- File records for four service users, including assessments, progress and review reports
- Fire Safety records
- Monitoring reports for the months of December 2017, January and February 2018
- The Annual Quality Review report completed in March 2017
- Records of three Members' Meetings held in May and November 2017 and February 2018
- Selected training records for the staff team
- Two staff files containing training records, NISCC Certificates and supervision records
- Policy for Safeguarding Vulnerable Adults
- Records of all restrictive practices
- The Statement of Purpose
- The Service User Guide

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 26 and 27 September 2016**

The most recent inspection of the day care service was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

**6.2 Review of areas for improvement from the last care inspection dated 26 and 27 September 2016**

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b> Ref: Regulation 14(5) Stated: First time	The registered provider must put in place a procedure and process to ensure incidents of restraint are reported to RQIA as soon as is practicable.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager described the procedure that is followed for reporting incidents of restraint to RQIA. Additionally, MAPA procedures are being introduced in place of SCIP and staff have been participating in training in preparation for this.	
<b>Area for improvement 2</b> Ref: Regulation 13 (1) & 14 (4) Stated: First time	The registered provider must ensure the two individual service users care plan and assessment information is reviewed as soon as is possible. The review should ensure the most current documentation clearly evidences the following: <ul style="list-style-type: none"> <li>• Why it is necessary for the service users to be cared for in areas away from other service users.</li> </ul>	

	<ul style="list-style-type: none"> <li>• A description of why the areas provided are the best option available in the day care setting to meet the individual service users needs.</li> <li>• analysis of why this is the best option to meet the service users' needs in day care, this should be aligned with the aims and objectives of the day care setting as well as Day Care Settings Minimum Standards 2012.</li> <li>• If care involves restriction or restraint the assessment should detail from a human rights perspective why this is necessary, what the exceptional circumstances are and why this would achieve the best outcome for the service user in a day care setting.</li> <li>• The care plan should describe the detail of how staff should meet the identified need.</li> </ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The centre has introduced the use of a 'Restricted Practices Registration Form', for each service user for whom such practices apply. The form sets out the reasons for restrictive practices being used and what forms of restrictive practices are agreed. One detailed example of this was examined and discussed with the manager. The service user's file contained a document, 'Best Interests in the Absence of Capacity', signed by the parent of the service user. The 'Behavioural Analysis and Intervention Plan' which includes the use of restrictive practice, was reviewed every three months.</p>	
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b> <b>Ref:</b> Standard 23.3 <b>Stated:</b> First time</p>	<p>The registered provider should undertake a competency assessment with the assistant managers. The competency should evidence the staff that act up in the manager's absence are competent to undertake this role and responsibility.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The manager confirmed that competency assessments have been completed with</p>	

	senior staff who are asked to take charge of the centre in the absence of the manager.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 5.2 <b>Stated:</b> First time	<p>The registered provider should review and improve the fire drill record for 3 June 2016. Personal emergency evacuation plans (PEEP) must be completed for any service users who may need additional support in the event of a fire. The outcome of the PEEP for the two specified service users should be written onto the fire drill record for 3 June 2016 to evidence how the risks recorded will be managed or addressed in the future.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>  Following the positive response from the registered provider, a further fire safety assessment led to the replacement of the external fire escape stairway. Staff and service users confirmed that an evacuation exercise had been carried out smoothly and safely. The manager confirmed that PEEPs were in place for service users who required individual support to evacuate in the event of a fire.</p>	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 21, 22 & 23 <b>Stated:</b> First time	<p>The registered provider should review the use of domiciliary care agency workers to facilitate service users getting a bath in the day care setting. Procedure and plans should clearly describe who has responsibility for the service user's care and wellbeing when they are being bathed by the domiciliary care workers. If they are being looked after by the day care setting, it should be evidenced the domiciliary care staff are competent to undertake this role and are supported in compliance with the day care setting standards.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>  The provider's response stated that responsibility for a service user's care while being bathed had been clearly set out in the relevant plan. Further, satisfactory explanation of this service was provided by the manager.</p>	

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The Suffolk Day Centre premises were well maintained and in good decorative order, with no obvious hazards for service users or staff. The kitchen has a five star rating following an Environmental Health Department inspection in February 2018. The manager stated that there is some ongoing repair work to one area of the centre but that it did not significantly impact on the day to day operations. The centre has ten group rooms available for activities and for individual work with service users, when necessary. Currently, there is provision for one service user to have exclusive use of a small room in which one staff member provides support and guidance, with an emphasis on enabling the service user to join in specific activities with others, safely and constructively. Restrictive practice and seclusion assessments and agreements were completed and up to date.

All staff members expressed strong commitment to their work with service users, which, they confirmed, is enjoyable and fulfilling. New staff undertake a detailed induction programme, as described by one support worker who was appointed to a permanent post in August 2017. The manager, three day care workers and four support workers, who met with the inspector, confirmed that they have confidence in the practice of all members of the staff team in their work with service users. Several staff emphasised that there is an open culture of discussing best practice within the team and of ensuring that any disagreements are debated and resolved constructively.

Safeguarding procedures were understood by staff members with whom they were discussed, who confirmed that they would report poor practice, should they identify it. However, all expressed the view that practice throughout the centre was of a high quality and that team members worked well together. There were systems in place to ensure that risks to service users were assessed regularly and managed appropriately and this included inputs by community based professionals, service users and, where appropriate, a carer.

Established models of risk analysis were used in all of the service users' files that were examined, including with regard to epileptic seizures, mobility and moving and handling, or other areas, such as choking, where relevant. Each one had been signed as agreed, either by the service user or a representative. Staff members were observed interacting sensitively with service users and being attentive to each person's needs. Observation of the delivery of care, throughout the period of the inspection, provided evidence that service users' needs were being met safely by the staff on duty.

The manager provided a copy of the recently completed Fire Safety Manual, January 2018. This set out all of the fire safety procedures for the centre and contained samples of all of the recording templates in use. The manual had separate sections for the several checks that are carried out routinely, including fire alarm systems checks, fire door and panel checks, daily escape route checks and fire evacuation drills. Fire exits were seen to be unobstructed and fire safety training had been provided for all staff members on an annual basis.



During the inspection visit, several service users spoke positively of their enjoyment of attending the centre and confirmed that they felt safe and well cared for in the premises and in the transport vehicles. Staff presented as being well informed of the needs of service users and of methods of helping to meet these needs safely. Service users' rights and feelings, and the methods available to them of raising a concern or making a complaint were set out in the service user guide. In the three monitoring reports examined, monitoring officers had included checks on fire safety records.

The evidence presented supports the conclusion that safe care is provided consistently in Suffolk Day Centre.

### Areas of good practice

Examples of good practice found throughout the inspection included, staff induction, staff training, empowerment of service users, adult safeguarding, infection prevention and control, risk management and the home's environment.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

The centre's Statement of Purpose is set out to address each of the areas of information specified in Schedule 1 of the Day Care Setting Regulations (NI) 2007. The information in the Statement of Purpose is clearly presented and well-detailed and there was evidence to show that the statement had been reviewed at least annually since September 2012, by the Trust's Operations Manager for Day Care Services. The Service User's Guide, reviewed and updated in May 2017, provides clear and sufficiently detailed information, set out in large print with each section presented in both text and symbol forms.

Four service users' files were examined during this inspection and each was found to contain detailed referral and assessment information on the individual and on his or her functioning, along with a written agreement on the terms of the individual's attendance. In all of the files examined, the referral and the agreement provided good clarity on the potential benefits to the service user, of participating in the day care service. Care plans identified service users' needs with good attention to detail and presented the planned objectives and activities for each service user in a person-centred form. The centre has a high level of input from Speech and Language Therapists who also provide a service to people in the community and to those using other Trust services. There was evidence of a range of benefits for service users from this involvement, including through the sharing of skills and specific techniques with members of the staff team, some of whom confirmed their consequent learning and practice development.

Each of the files examined contained risk assessments appropriate to the individual service user, making the risk and vulnerability levels clear for staff working with that person. Written records were kept of each service user's involvement and progress at the centre, with entries made in satisfactory proportion to the frequency stipulated by the minimum standards. Records of annual reviews for each person demonstrated that an evaluation of the suitability of the placement had been discussed and agreed. Well written, detailed review records were available in each of the files examined and, where relevant, included inputs by community based professionals. Review preparation reports included service user's views, where it was possible to obtain these, and were informed by written progress records. Dates and signatures were present in all of the care records examined and attention to detail generally was of a good standard.

The layout of the premises is conducive to meeting the needs of the service users who attend, several of whom spoke of their close identification with others in their group and with staff members who lead specific activities. There are teams of staff, each led by a Band 6 Assistant Manager and each having either three or four Band 5 staff and between three and ten Band 3 staff, depending on the numbers of service users in the various groups and the complexities of their needs. In observations of activities during the inspection, staff were seen to provide individual care to service users discretely and skilfully. The centre provides services for many people who are not independently mobile and for several who have no verbal communication. A range of sensory activities are used by staff to communicate with service users and to make their day care experiences constructive and enjoyable. A sessional music therapist was observed working with a group of eight service users and engaging each of them in the sensory experiences of sound and vibration. Two staff spoke positively of the learning that they gained from working alongside sessional therapists. Other examples of effective communication included the use of representative tactile objects being selected by a service user and placed on a Velcro board to indicate a current need or choice.

Service users in the various groups were engaged by staff with respect and encouragement, focussing on each person's interests and abilities. Centre-based activities were planned for each morning and afternoon, along with regular community based activities such as drama, yoga and pilates. A number of service users participate in work placements in the community and these were recognised and celebrated in large photographic displays on the centre's walls.

Evidence from discussions with service users, from written records and from observations of interactions between service users and staff, confirmed that service users viewed the centre as a supportive place in which to spend their time. The manager and staff worked creatively to involve service users in a variety of experiences, making full use of the available facilities. The evidence indicates that the care provided is effective in terms of promoting each service user's involvement, enjoyment and physical and mental wellbeing.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to each service user's programme at the centre, person centred care planning and practice, reviews and associated records, communication between service users, staff and other key stakeholders and respectful relationships between staff and service users.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Observation of events and practice throughout the day and discussions with service users and staff provided evidence that service users are treated with dignity, respect and encouragement. Care plans provided a positive basis for compassionate work with each service user, while promoting their independence to the greatest possible extent within the boundaries of safe care. Service users are provided with information, in a format that aids their understanding. A colourful, easy-read Service User Guide had been made available to service users and three staff members emphasised the importance of finding effective methods of communicating with every person who attends the centre.

Service users' engagement in activities throughout the day and in the various groups, provided evidence that they related positively to staff and to each other. Staff members were observed interacting sensitively with service users and being attentive to each person's needs. Staff demonstrated a good knowledge of each service user's assessed needs and worked to engage each one in a personalised manner. There was evidence of the appropriate involvement of therapists from a range of disciplines, including music and speech and language, to promote specific areas of interest and engagement for service users. A sessional music therapist elicited a range of interested and enthusiastic responses from service users who have no speech communication, but were clearly indicating pleasurable feelings when music and rhythm were directed toward them. It was evident that staff members worked closely and cooperatively with sessional therapists and were keen to learn from them. In all of the practice observed, interactions between staff and service users were warm, respectful and encouraging.

There were measures in place to ensure that the views and opinions of service users were sought formally and taken into account in all matters affecting them. These included an annual survey and a report of the findings, most recently completed in March 2017. Results of the survey of service users' and carers' satisfaction were positive and reflected the comments recorded in monthly monitoring reports. Service users confirmed that meals were always of a good standard and were suitable for each individual's needs.

Members' meetings were held approximately quarterly in each of the groups and a committee of elected members, representing all others, met quarterly. Minutes of four of the meetings of one group were examined and were presented in good detail, in both text and symbols. Two of the service users who met with the inspector spoke about their involvement in members' meetings and one spoke proudly of representing her group in the Members' Committee. Eight completed questionnaires were returned by service users to the inspector on the day of this inspection. All of them rated their satisfaction at the highest level in all four domains, Is care safe?, Is care effective?, Is care compassionate? and, Is the service well led.

During each monthly monitoring visit, the views of a sample of service users were sought by the monitoring officer. These views were reflected in all three of the monitoring reports that were reviewed at this inspection and all were positive about the quality of care provided for them and about the staff who worked with them. The monitoring officer identified by code those service

users who were interviewed at each visit, ensuring that a wide range of views would be sought over the period of each year. Records of members’/service users’ meetings, in May and November 2017 and in February 2018, provided evidence of a wide range of topics being discussed and recorded using both text and symbols. Staff, and several service users confirmed that there were daily opportunities for service users to share their views.

The evidence indicates that Suffolk Day Centre provides compassionate care to its service users.

**Areas of good practice**

Examples of good practice were found throughout the inspection in relation to: the culture and ethos of the day care setting, listening to and valuing service users, compassionate interactions between staff and service users, record keeping, facilitating service users’ involvement in a range of activities, building relationships with carers.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Discussions with the manager, three Day Care Workers and four Support Workers and an examination of a range of records, including minutes of staff meetings, staff training schedules, monitoring reports and review reports, provided evidence that effective leadership and management arrangements are in place in Suffolk Day Centre. There was evidence in the centre’s recent Annual Quality Review report to show that service users viewed the service as very satisfactory. This report addressed all of the matters required by Regulation 17 of The Day Care Setting Regulations (NI) 2007.

Staff training records confirmed that staff have received mandatory training and training specific to the needs of the service users in this setting. This additional training included, ‘Mental Health Awareness’, ‘Nutrition and Eating Well’, ‘Talking Mats’ and, ‘Dance and Drama Training’. Management of Aggression and Potential Aggression (MAPA) training has been introduced this year to replace the previously applied form of management of aggressive/violent behaviours.

Discussions with staff and examination of records confirmed that staff meetings had been held at least quarterly and that the staff team in each of the groups also held regular meetings to address the issues specific to their group. Staff reported that the manager provided detailed information to staff and that they were regularly consulted on a range of decision making aspects of the service. There was evidence from the minutes, from discussions with staff and from the analysis of staff questionnaires to confirm that working relationships within the staff

team were supportive and positive and that team morale was good. Staff commented that the manager's leadership style was supportive and constructive and that team members were motivated to accept responsibility for their work and to strive for continuous improvement of the service.

Two assistant managers are employed currently, although neither of them was present on the day of this inspection. One assistant manager has gained NVQ Level 3 and the other has a Special Needs teaching qualification. Each has more than 20 years' experience in their field of work. One assistant manager post is vacant. Of the total complement of 39 day care staff, 33 have more than ten years' experience in employment relevant to their current roles. Seven staff contributed in individual discussions to these inspection findings, all confirming their positive feelings about the work, the team and the leadership.

Staff members viewed supervision as an important part of their learning and accountability in the job. In the formal supervision structure, some Band 3 staff are supervised by an assistant manager, while the Band 5 staff are supervised by the manager. Staff reported that this system works well and confirmed that they meet with their supervisor approximately quarterly. There was evidence from discussions with staff to confirm that the ethos of the team is open, constructive and mutually supportive and that ideas for improvement are encouraged. Staff felt they were well supported following any incidents that they found particularly challenging in their work with a service user.

Three monthly monitoring reports were examined and were found to address all of the matters required by regulation. Each report contained well-detailed feedback from discussions with two or three service users and with one or two staff members. A sample of service user records was checked during each visit and an audit completed of an aspect of the centre's compliance with a selected area of performance. Any resulting necessary improvements were clearly set out in an action plan. Overall, the evidence available at this inspection confirmed that Suffolk Day Care Service is well led.

### Areas of good practice

Examples of good practice found throughout the inspection included, planning, staff training, supervision and appraisal, appropriate delegation, building good working relationships with the local community, keeping staff and service users well informed, governance arrangements, management of complaints, management of incidents, promoting fulfilment for service users.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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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