

Unannounced Care Inspection Report 16 May 2019



Suffolk Day Centre

Type of Service: Day Care Service
Address: 88 Stewartstown Road, Belfast, BT11 9JP
Tel No: 02895 042922
Inspector: Ruth Greer

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 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 74 places that provides care and day time activities for people living with a learning disability.

3.0 Service details

Organisation/Registered Provider: BHSCT	Registered Manager: Neil O'Hagan
Responsible Individual: Martin Dillon	
Person in charge at the time of inspection: Neil O'Hagan, registered manager	Date manager registered: Neil O'Hagan - 19/04/2018
Number of registered places: 74	

4.0 Inspection summary

An unannounced inspection took place on 16 May 2019 from 09.15 to 15.30.

This inspection was underpinned by the Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003, 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 setting was delivering safe, effective and compassionate care and if the service was well led.

RQIA, as a public-sector body, have 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 settings, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. People who attend day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with the centre.

On the day of the inspection there was good evidence that the day care setting promoted service users' human rights particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement. Service users were observed moving freely around the centre and making independent choices in regard to activities and food and drinks provided.

Evidence of good practice was found in relation to the level of service user involvement in the running of the centre, staff training, service users' care records and the valuing service users as individuals.

Service users said they were happy in the day care setting, that staff were attentive and that the activities were enjoyable. Examples included –

“I like it here I've been coming for years”

“The staff are heroes, that’s what I think”

“I help out with reception I’m good at that”

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

4.1 Inspection outcome

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.

	Regulations	Standards
Total number of areas for improvement	0	0

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: The report of the last inspection on 12 September 2018 and any notifications of accidents/incidents received at RQIA from the service since that date.

During the inspection the inspector observed and engaged with service users and staff in group activities, met individually with 13 service users and 9 staff.

The following records were examined during the inspection: staff duty rosters, staff training records, service users’ care files (four), record of activities, staff supervision, minutes of service users’ and staff meetings, accidents/incidents and fire records and the annual quality report.. The statement of purpose and the service users’ guide were also reviewed.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 30 August and 12 September 2019

The most recent inspection of the establishment 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 30 August and 12 September 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 23 Stated: First time To be completed by: 10 October 2018	The registered person shall ensure records are available for inspection that show the number of staff working in the day centre daily, their role and responsibilities, and day to day specific arrangements for individual service users and who is in charge of the setting. Ref: 6.4	Met
	Action taken as confirmed during the inspection: Records reviewed evidenced that the daily staff rosters showed the number of staff working each day and their designated duties for the day. A copy of the roster was on display in the office and was seen to include details of the person in charge for each day.	
Area for improvement 2 Ref: Standard 21 Stated: First time To be completed by: 10 October 2018	The registered person shall improve training arrangements in Suffolk and ensure all staff receives the right training and training updates to work safely and effectively in this setting. Training should be recorded for each individual staff member, for example in a matrix and/or individual staff records.	Met
	Action taken as confirmed during the inspection: A review of the staff training had been undertaken since the last inspection. Individual staff training records are now maintained. A matrix has been developed which provides ease of auditing the training provided/due.	
Area for improvement 3 Ref: Standard 29 Stated: First time To be completed by: 10 October 2018	The registered person shall review the process, recording and administration of PRN medicines for all service users who may be given a PRN medicine in Suffolk.	Met
	The service user's individual records must clearly describe the circumstances when prescribed medication is to be given and	

	<p>when a PRN medication is to be given. Records of medicine administered must identify if a PRN dose or regular dose of medicine is given.</p> <p>The recording of the same should be audited to ensure the records are adequate and are consistent with the service user's plan.</p> <p>Ref: 6.4</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>A review of the record of PRN medication confirmed compliance. The procedure for the administration of PRN medication has been updated and the manager or one of his assistant managers completes a daily audit of PRN medication administered.</p>	
<p>Area for improvement 4</p> <p>Ref: Standard 8.4</p> <p>Stated: First time</p> <p>To be completed by: 10 October 2018</p>	<p>The registered person shall improve arrangements in place with regard to the service user annual consultation. Arrangements must be in place to gather service users views annually regarding the service and the feedback should be used to improve the day care setting.</p> <p>Ref: 6.6</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The manager has introduced a variety of methods in order to access the views and opinions of service users. These include an Appreciative Inquiry (service user questionnaire) An audit of service users views via Talking Mats and via Dreams and Wishes questionnaire which sets out the service users see the future care in the centre.</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 noted on the day of the inspection.

The manager is based in the day centre and is supported by three assistant managers and a team of day care workers, care workers and ancillary staff.

On the day of inspection the staffing arrangements were found to be satisfactory and sufficient to meet the needs of service users. Duty records examined contained details of the number of staff on duty, hours worked, and information of the specific care duties allocated to staff. Discussion with the manager, staff and service users confirmed that staffing levels were appropriate to meet the assessed needs of service users.

Effective arrangements are in place to support staff and include structured induction, training, supervision and appraisals. The manager stated that any new staff would receive a structured induction to ensure they are familiar with service users' needs along with the settings routines and procedures. Staff recruitment records were not inspected on this occasion.

A review of the staff training records found that all staff had up to date mandatory training and had accessed additional training and development relevant to the needs of service users. For example one staff member said that she had just completed KSF level 2 and was being encouraged to commence level 3. The staff member stated that the learning and training she had received was beneficial in her own professional development/understanding and in providing a better service for the service users.

The day care setting had arrangements in place to identify, manage and where possible eliminate unnecessary risks. There was evidence that comprehensive risk assessments and safety management plans were completed inclusive of service users and when appropriate their representatives. Risk assessments were personalised and included information specific to each person and their needs. The records examined provided evidence that the day care setting had attained a balance between promoting autonomy and maintaining safety.

A range of health and safety risk assessments were in place and included fire risk assessments, fire safety training and fire drills. All staff had received up-to-date safeguarding and health and safety training appropriate to their role and were aware of how to identify and report concerns. Staff interviewed confirmed that they would have the confidence to report poor practice if they saw it. They felt all their colleagues would do the same and that no one in the centre would tolerate any form of poor practice.

The service undertook regular health and safety checks that ensured a safe environment was maintained. A fire risk assessment dated 7 September 2017 was in place and was planned for review on 8 September 2019. Records showed that a fire evacuation had taken place on 3 May 2019. Fire training had taken place in February 2019. Four staff members have been identified as nominated fire safety officers with specific delegated duties in respect of fire safety and prevention.

Arrangements had been implemented in regard to the recording and reporting of accidents and incidents. Notifications of such events were submitted to RQIA as required. A review of the records confirmed that all accidents and incidents reportable and those not required to be reported had been managed in a timely and appropriate manner.

A review of policies confirmed there was a policy and procedure on restrictive practice in keeping with DOH Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberty Safeguards (DoLS).

The centre's Statement of Purpose and Service User Guide were reviewed and showed that the documents accurately reflected the elements set out in the regulations and standards.

Staff consulted were aware of the impact of human rights legislation within their work. They gave examples of promoting and maintaining the rights of service users in the care they provide. For example in how they empower service users to make decisions and choices.

Discussion with service users and staff in regards to the provision of safe care included the following comments:

Service users comments

- "There's always staff around if you need to talk"
- " It's a good place to come, they look after you"
- "I like it I meet my friends and sometimes we go out shopping"
- "I sometimes join in the group and sometimes I don't. I can do what I want"

Staff comments

- "Just because people have a disability, they have exactly the same rights to enjoy everything on offer here. We are always thinking of ways that's inclusive of everyone"
- "We like to give our service users choices so that they are doing what they themselves want not what we (staff) think is best"
- " We like to support service users with activities outside the centre in the community"

Arrangements were in place to ensure service user care records and staff personnel records were stored securely in line with the requirements of GDPR.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, adult safeguarding, risk assessment and management and the environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 and Service User Guide were reviewed and revealed that the documents accurately reflected the elements set out in the regulations and standards. It was good to note that the Statement of Purpose contained reference to the commitment to promote the human rights of service users.

When a new referral is made to the setting, potential service users are assessed to ensure the centre can meet their identified needs. The potential service user and /or their representative undertake several visits to the centre and are provided with a service user's guide. The service user's guide provides information of the service user's right to full involvement in all aspects of their care. The guide includes information on how service users can raise a concern or complaint if necessary, regarding the quality of care. It was evident from records viewed and staff discussion that the centre organised and delivered services to meet individual needs and took account of individual preferences. The accommodation provided in the centre was appropriate to meet the needs of the people attending. In addition, the centre organises a Focus Club which involves the participation of service users in community activities and initiatives.

Four care files were chosen, at random, for examination. The care files included referral information, service user agreement, contact information and personal outcomes. A range of assessments were carried out and were specific to each individual's needs. For example, moving and handling, falls risk, swallowing and choking and transport. Each care plan was underpinned by the rights of service users and methods for improving outcomes. The assessments provided information to staff that assisted them to minimise risks and to keep service users safe. Care planning documentation contained regular progress notes. Also evident within the records was the view of the service users themselves as to how they viewed the effectiveness of the care they received.

Records of annual care reviews for each service user demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. A written record of the review was contained in each file. This included the views of the service user and/or their representative and was informed by the written progress notes. It was noted that the comments made by service users during their annual reviews were all very positive. Records examined were signed and dated and there was evidence that a regular audit of the documentation was undertaken.

During discussions with staff it was evident the care they provided to service users within the setting was effective. Staff were knowledgeable regarding service users' needs and care plans; they described how intervention with each service user was person centred depending

on their individual needs. To ensure continuity of care staff checked daily to ascertain if there were any changes or updates of which they needed to be aware.

The interactions observed between staff and service users throughout the inspection confirmed that staff were suitably skilled and effective in communicating with all service users. There was good evidence of person centred interventions that assured service users were involved and communication opportunities maximised.

Discussion with staff and service users with regards to the provision of effective care included the following comments:

Service Users comments

“I’m happy with everything here.”

“I love the Focus Group, we go to the library or horse riding or yoga, and we go to everything really”

“I’m an ambassador for this place and I speak up for some of the other people here who can’t speak for themselves”

Staff Comments

“We get to know the service users really well and sometimes we just know if they are upset or anxious without them even saying a word. It’s about recognising that something is not the norm for that person”

“We want people to leave this centre every day saying that they had a good day and can’t wait to come back”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the improvement in care records and communication between service users, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

Discussion with service users and observations of care during the inspection showed service users were treated with dignity and respect while promoting and maintaining their independence. Service users were enabled and supported to engage and participate in meaningful activities, social events, hobbies and interests.

Observation of activities during the inspection found service users were encouraged to be comfortable, communicate and have fun. Staff used eye contact and non-verbal cues with service users who had limited communication to ensure what they were doing was consistent with the service users' preferences. Staff were observed using smell, touch and sound when communicating with service users who were visually impaired. Service users were observed undertaking craft activities, in discussion groups and undertaking physical activities. They were observed being fully assisted by staff who provided encouragement and support. Overall observations of staff consulting with service users during the inspection showed staff seeking opportunities to involve service users in their care and support and empowering service users to achieve their full potential.

The manager stated that there are, at times, elements of restrictive practice used in the setting in respect of some service users. These included time out, individual service user's activity space and behavioural management plans. Examination of the arrangements and the corresponding records showed that the least restrictive practice was used by staff. When restraint was used this was recorded in the care plans and all relevant stakeholder's informed. There had been one incident of safeguarding referred since the previous inspection. This had been screened out at the initial stage of the process.

On the day of inspection, a variety of different activities were facilitated by staff. Observation of the activities showed service users approaching staff freely, communicating their needs and making requests. Staff responses were noted to be cheerful, appropriate and non-patronising. Service users who engaged with the inspector spoke positively about the staff and that they felt staff treated them well.

Consultation with service users and, where appropriate their relatives, was evidenced in the records relating to the assessment, care planning and review process. In addition, governance arrangements to promote effective communication with service users and/or their relatives included monthly service user meetings. One service user is the representative of the centre on the service users' council. This forum is for service users of 8 Trust day centres. Minutes from meetings on 28 February and 11 March 2019 were reviewed. This provided evidence that service users had been consulted about a range of matters including corporate issues including:

- activities
- outings
- staffing
- monitoring visits
- transport

One service user told the inspector that they were a centre safeguarding champion. The service user participated in delivery of the safeguarding training for staff. This is commendable practice. The service user is also ambassador for the centre and sat on several outside groups to promote the needs of service users. As part of this role the service user was due to receive an award and undertake a radio interview in the month after the inspection.

Discussion with staff and service users with regards to the provision of compassionate care included the following comments:

Service Users comments:

- “I love doing the drama; it’s called The Sky’s the Limit Drama Group.”
- “I always see staff being good to people. I have to make sure of that as I am the safeguarding champion so my job is to look out for my friends.”
- “It’s good here, staff are good.”

Staff Comments:

- “Suffolk has always had a good name and we work hard to ensure that that is maintained.”
- “It’s a very open place; anyone is welcome to call in.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

The inspection was initially facilitated by two assistant managers. The registered manager joined the inspection at 2.00.p.m.

The Statement of Purpose for the day care service was reviewed. (September 2018). The document clearly describes the nature and range of the service to be provided and addresses all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. The registration certificate was up to date and displayed appropriately.

Discussion with the manager and staff confirmed they were aware of their roles, responsibilities and accountability under the day care legislation. A review of governance records evidenced that staff received individual, formal supervision at least quarterly and an annual appraisal.

Staff gave positive feedback in respect of leadership and good team working. Staff stated that this is achieved through effective communication, supervision, staff meetings and the open door approach provided by the manager.

A complaints and compliments record was maintained in the day centre. A review of this record showed that all concerns raised had been taken seriously, dealt with effectively and the complainant informed of the outcome. Compliments had been shared with staff.

The inspector discussed the monitoring arrangements in compliance with regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Monthly and annual quality monitoring reports were completed by the service and a number of recent reports of February, March and April 2019, were inspected and found to be satisfactory.

These records demonstrated that at appropriate intervals the effectiveness and quality of care delivery was monitored, audited and reviewed in order to identify and act upon any improvements required. The reports were a mix of announced and unannounced visits. The monitoring arrangements identified improvements carried forward and progress was reviewed as part of each subsequent monthly monitoring visit.

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred care plan is developed. Records showed that equality information included communication methods, adult safeguarding and risk assessments where a risk was identified.

Discussion with service users and staff evidenced that they felt the care provided was well led. They described the service as well planned and they confirmed they are asked to be involved in the monitoring visits.

The manager stated that all staff are required to be registered with the Northern Ireland social Care Council (NISCC) or other regulatory bodies as appropriate and a record of their registration details held in the centre.

Discussion with staff revealed they felt well supported by the manager. They stated that service users are central to the service and they need to ensure care and support was safe, effective and compassionate. They stated they were well supported by management through staff meetings, supervision and the manager makes himself available as required. Staff said that in the manager's absence there were always two assistant managers on duty.

Review of the 2018/2019 annual report provided evidence that the contents complied with (Regulation 17 (1) & Schedule 3.

Areas of good practice:

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

No areas for improvement were identified during the 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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