

Inspection Report

18 November 2022



Suffolk Day 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: Belfast Health and Social Care Trust	Registered Manager: Mr Neil O'Hagan
Responsible Individual: Dr Catherine Jack	Date registered: 19 April 2018
Person in charge at the time of inspection: Mr Neil O'Hagan	
Brief description of the accommodation/how the service operates: This is a day care setting with 65 places that provides care and day time activities for people with a learning disability. The day centre is open Monday to Friday and is managed by the Belfast Health and Social Care Trust (BHSCT).	

2.0 Inspection summary

An unannounced inspection was undertaken on 18 November 2022 between 10.10 a.m. and 3.45 p.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.

One area for improvement identified related to the monthly quality monitoring reports.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

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 any 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.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, we want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic survey for staff.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members.

The information provided indicated that there were no concerns in relation to the day care setting.

Comments received included:

Service users' comments:

- "I love Suffolk and feel good about coming."
- "I enjoy talking to my friends."
- "I get on well with staff."
- "I feel proud of myself to be trained as the Adult Safeguarding Champion. I go to meetings with management."
- "Staff are going a good job."
- "Everything is grand."
- "If I am upset, I tell staff."
- "I can pick what I want to eat. The food is nice."
- "Staff are brilliant."

Staff comments:

- "I love it. I have been here for 30 years."
- "I love working with the service users."
- "Management are supportive."
- "When I retire, I will come back and do volunteer work."

- “I am aware of modified diets.”
- “It’s so good to see a restrictive piece of practice being removed and it shows the service user’s progress.”

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included:

- “Suffolk is very important to me. I have been coming many years and I have made a lot of friends. I can be me and I am very happy.”
- “Love it. Happy.”
- “It’s good and all the staff are nice.”
- “I like coming to Suffolk Centre. I can spend time with my friends and join in activities.”
- “I’m really happy in my room.”
- “Coming to Suffolk helps me to get out and about.”
- “It’s a good place – the best Centre.”
- “I am the safeguarding champion in the Centre. I tell everyone how to stay safe from harm or abuse.”

No staff responded to the electronic survey.

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 30 September 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) 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). It was positive to note that the day care setting had also identified a service user to be the ASC. This role enabled the service user to speak to their peers about how to keep themselves safe.

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 induction and every year thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility

in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours. They 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 day care setting retained records of any referrals made to the HSC Trust in relation to adult safeguarding. No adult safeguarding referrals had been made since the previous inspection.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The day care setting had provided service users 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 role. Where service users required the use of specialised equipment to assist them with moving, this was included within the day care setting's mandatory training programme. A review of records confirmed that where the day care setting was unable to provide training in the use of specialised equipment, this was identified by the day care setting before care delivery commenced and training was requested from the HSC Trust.

The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

The manager, deputy manager and senior support workers had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) 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.

Staff had completed appropriate DoLS training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, their care records should contain a Form 1, a letter confirming a DoL is in place and the day care setting maintains a register of those service users who have a DoL in place. From reviewing the care records, it was noted that they contained the letter from the relevant trust advising there was a DoL in place however a Form 1 had not been received. The manager gave assurances that they would follow this up with the trust representatives. The care records contained details of the DoLS assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. Service users were provided with easy read reports which supported them to fully participate in all aspects of their 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 are kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also positive to note that the day care setting had service user meetings on a regular basis which enabled the service users to discuss what they wanted from attending the day centre and any activities they would like to become involved in. A visual agenda had been created and for those service users unable to attend the meeting, a video link was set up to each room to enable everyone's involvement. Some matters discussed included:

- Activities
- Outings
- Covid
- Building works
- Coffee morning
- Staff update

It was important that individuals with learning disabilities are supported to maintain their relationships with family, friends and partners during the Covid-19 pandemic. Service users were provided with an easy read document to explain Covid-19 and how they could keep themselves safe and protected from the virus. Where individuals with learning disabilities continued to experience anxiety about the pandemic, the agency was aware of the resources available from NI Direct, HSC websites and local organisations to support service users.

The day care setting had completed an annual review in relation to their practice which incorporated service user and their representatives' feedback (Regulation 17). This was disseminated to all of the service users, in a format which best met their communication needs.

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

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of service users' 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 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.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

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 (AccessNI), 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 with the Northern Ireland Social Care Council (NISCC). There was an appropriate system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The day care setting had a policy and procedure for volunteers which clearly specified their role and responsibilities. The manager confirmed that volunteers did not undertake any personal care duties and that AccessNI checks had been completed.

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. There was a robust, structured, three day induction programme which also included shadowing of a more experienced staff member. The staff members remained on a six month probation period and signed off as competent, if appropriate, by the manager. Written records were retained by the day care setting of the person's capability and competency in relation to their job role.

A review of the records pertaining to Regulation 20 of The Day Care Settings Regulations (Northern Ireland) 2007 and Standard 21 of The Day Care Settings Minimum Standards 2021 relating to staff also identified that they had been recruited, inducted and trained in line with the regulations.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. The manager was advised to discuss the post registration training requirement with staff to ensure that all staff are compliant with the requirements.

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

We reviewed a sample of the monthly quality monitoring reports which were available on the day of inspection. It was noted that the reports lacked sufficient detail in relation to the quality of the service being delivered. It was further noted that the action plan identified during the monitoring visit, differed to plan to be reviewed at the next monitoring visit. There was no evidence that the action plans were being reviewed therefore no assurance that improvement was being driven and achieved by the service. These reports should identify any deficits in staff records, service user records and provide an analysis of any patterns or trends contained within all the information. The manager was directed to an exemplar template to ensure all aspects of the day care setting are reviewed. An area for improvement has been identified in this regard.

The Annual Quality 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.

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

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the day care setting's monthly quality monitoring process.

6.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the QIP were discussed with Mr Neil O'Hagan, Registered Manager and the deputy 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	
Area for improvement 1 Ref: Regulation 28(4)(a)(b) Stated: First time To be completed by: Immediately from the date of inspection and ongoing	The registered person shall ensure that the person carrying out the monitoring visit shall obtain feedback from all stakeholders in order to form an opinion of the standard of care provided in the day care setting. The premises of the day care setting should be inspected as well as its record of events and records of any complaints. Any improvements identified during the monitoring visit should be recorded and should be reviewed at the next monitoring visit. Ref: 5.2.6
	Response by registered person detailing the actions taken: Completed and on going: The registered person(Manager) has reviewed and will ensure that the person carrying out all further monthly monitoring visits will obtain feedback from all stakeholders in order to form an opinion of the standard of care provided within Suffolk day centre in relation to Regulation 28 of The Day Care Setting Regulation(Northern Ireland) 2007 .The premises within Suffolk day centre will be inspected and a record of events recorded to include any complaints. Any improvements identified during the monthly monitoring visit will be recorded and reviewed at the next monitoring visit in keeping with Regulation 28 of the Day Care Setting Regulations(Northern Ireland) 2007.

****Please ensure this document is completed in full and returned via Web Portal****



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