

# Unannounced Care Inspection Report 22 October 2019



## Everton Day Centre

**Type of Service: Day Care Service**  
**Address: Everton Day Centre, 589/593 Crumlin Road,  
Belfast, BT14 7GB**  
**Tel No: 028 95040590**  
**Inspector: Ruth Greer**

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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 up to 125 places registered to provide care and day time activities for people living with a learning difficulty, dementia and additional mental and physical health care needs.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast HSC Trust	<b>Registered Manager:</b> Adrian Brennan
<b>Responsible Individual(s):</b> Martin Dillon	
<b>Person in charge at the time of inspection:</b> Christine Noble, assistant manager at the beginning of the inspection. Adrian Brennan, manager, joined the inspection at lunch time.	<b>Date manager registered:</b> Adrian Brennan - 06/04/2018
<b>Number of registered places:</b> 125 DCS-LD,DCS-L (E)	

### 4.0 Inspection summary

An unannounced inspection took place on 22 October 2019 from 09.50 to 17 .00.

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

As a public-sector body RQIA 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 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 services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

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

Evidence of good practice was found in relation to governance arrangements within the centre including the handling of complaints, care records and the involvement of service users and relatives in the running of the centre.

As a result of the findings of this inspection there were no areas identified for further action.

Service users said they were happy to come to the centre and enjoyed the activities on offer. They told the inspector that staff "were kind" and "very friendly".

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

	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 Adrian Brennan, 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 12 December 2018

No further actions were required to be taken following the most recent inspection on 12 December 2018.

#### 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 previous inspection, notifications of accidents/incidents since that date and correspondence from the centre in relation to the handling of an anonymous complaint received in September 2019.

During the inspection the inspector met with 20 service users and 14 staff both informally and more formally in private interviews individually and in small groups.

The following records were examined during the inspection:

- Staff rotas
- Competency assessments
- Staff training
- Staff supervision
- Accidents
- Fire precaution
- Care files (3)
- Service users guide
- Statement of purpose
- A selection of monthly monitoring reports
- Annual quality review report
- Service users meeting minutes
- Staff meeting minutes

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 12 December 2019

The most recent inspection of the establishment was an unannounced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 12 December 2018

There were no areas for improvement made as a result of the last care/premises inspection.

## 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 Everton Day Care 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, fourteen staff and service users confirmed that staffing levels were appropriate to meet the assessed needs of service users. Two staff stated that at times they felt that staff on duty had to be “juggled” and deployed to different groups at short notice. These staff confirmed that this was in response to unforeseen circumstances, for example, staff illness. All staff interviewed confirmed staffing levels were “never unsafe”

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 Diabetes awareness and Epilepsy awareness. Staff members stated that the learning and training they had received was beneficial in their 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. Daily checks include unblocked escape routes and that the illuminated signs, and the fire panel were in working order. A fire risk assessment dated 12 December 2017 was in place and was planned for review on 12 December 2019. Records showed that a fire evacuation had taken place on 3 July 2019. Senior 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

- “ It’s a good place to come, I like it ”
- “I like it I meet my friends and sometimes we go out shopping”

**Staff comments**

- “Some people who come here have no other social outlets. Coming here gives them a structure. It’s really important that we meet as many of their needs both physical and social as possible”.
- “We like to give our service users choices and assist them to really choose what they want”.
- “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, infection prevention and control, risk management and the home’s environment.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<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 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 has an active Friends of Everton group. Records showed that this group provides a strong advocacy role for the centre and organises fund raising events for the service users comfort fund. Representatives from the group also undertake a quality assurance role by 3 monthly monitoring visits.

Three care files were chosen, at random, for examination. Each service user had two files one of which presents the information in an easy read/pictorial form. This is commendable practice and ensures service users can access the information held about them.

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. 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. Each care plan was underpinned by the rights of service users and methods for improving outcomes. There was a "consent to read" pro forma within each file. 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 and relatives 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 am doing good things here like the computer."
- "I been coming here for 20 years and I like the cooking group".

#### Staff Comments

- "Some of these people have been here for years and we really know them - not just them but their family circumstances as well .This is important as sometimes things at home can affect how they are in here".
- "I just love coming to work here.Honestly, there's never a day I don't want to come to work".



**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 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
<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.**

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, non-verbal cues and pictorial prompts 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 stakeholders 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. A music therapist was in the centre and provided a programme of "one to one" sessions with several service users. A reflexologist was providing massage for service users who due to their specific care needs were limited in participating in other activities. 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 a service users' forum and committee. The groups meet regularly and minutes of meetings were reviewed. These provided evidence that service users had been consulted about a range of matters including corporate issues including:

- activities
- outings
- staffing
- monitoring visits
- transport

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

**Service Users comments:**

- "I like getting a foot massage"
- "The staff are very good to everybody if you want something you can just ask them"
- "It's good here, staff are good."

**Staff Comments:**

- "The people in my group have very complex needs but I really feel privileged to be able to work with them. I see even the smallest achievement as a success for them and this gives me job satisfaction."
- "Everton is 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
<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.**

The Statement of Purpose for the day care service was reviewed. (April 2019). 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, where appropriate, the complainant informed of the outcome. A robust investigation had been undertaken in regard to a recent anonymous complaint. In his investigation the manager had shared the concerns and fully involved all stakeholders including service users and their families. There was no evidence found to substantiate the concerns raised in the anonymous complaint. The manager and senior staff are working on promoting the complaints policy to ensure that anyone with a concern regarding the service will be confident to approach management with their concern in the first instance. Staff interviewed by the inspector confirmed that they are aware of the centres complaints policy. 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 July, August and September 2019 were inspected and found to be satisfactory. The monitoring visit for October had taken place on the day before this inspection.

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 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 through staff meetings, supervision and the manager makes himself available as required. Staff said that in the manager's absence there were always three assistant managers on duty. One of whom is designated as "in charge" on each day.

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, management of complaints and incidents, quality improvement and maintaining good working relationships.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<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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