

# Inspection Report

1 September 2023



## Everton Day Centre

Type of service: Day Care Setting  
Address: 589/593 Crumlin Road, Belfast, BT14 7GB  
Telephone number: 028 9504 0590

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Belfast Health and Social Care Trust (BHSCT)	<b>Registered Manager:</b> Mrs. Christine Noble
<b>Responsible Individual:</b> Dr. Catherine Jack	<b>Date registered:</b> Acting
<b>Person in charge at the time of inspection:</b> Ms. Pamela Surgenor, Assistant Manager	
<b>Brief description of the accommodation/how the service operates:</b>  This is a day care setting which provides care and day time activities for people living with a learning difficulty, dementia and additional mental and physical health care needs. The day care setting 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 1 September 2023 between 9.40 a.m. and 3.30 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 and Dysphagia management were also reviewed.

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

Further areas for good practice were noted in the management of safeguarding concerns and notification of incidents.

No areas for improvement were identified.

RQIA received information on 18 September 2023 which raised some concerns in relation to several areas of practice within the day care setting. These concerns have been thoroughly investigated by senior management staff within BHSCT. We are satisfied with the outcome of the investigation and will review these matters at the next inspection.

Everton Day Centre uses the term 'members' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

The inspector would like to thank the person in charge, service users and staff for their help and support in completion of the inspection.

### **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.

### **4.0 What did people tell us about the service?**

During the inspection we spoke with a number of service users, one relative and ten 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 coming here."
- "The staff are great."
- "The staff really listen to me."
- "We need more seats on the buses."
- "I'd like to know what staff are going to be in our room each day."
- "It's good for my mental health to come here."
- "I can make my own choices."
- "I'm happy with all the activities."

**Service user's relative's comments:**

- "The Centre is brilliant...staff go out of their way to help. They take a personal interest in me....my relative is very well looked after.... staff ring me to query anything they are worried about...I'm invited along to reviews."

**Staff comments:**

- "I love my job...I'm well supported...we get good reminders about training...we have lots of equipment in the centre...my breaks are covered when I'm doing one to ones...there are great activities...I'm accommodated with my annual leave."
- "I get great support from management.... their door is always open...there have been staffing problems but everything is positive...we have regular staff meetings and supervision."
- "I love it here."
- "My training is up to date...it can be a struggle at times to keep on top of paperwork."
- "I have no concerns about the care provided...we are a big staff group and we pull together...if I had a relative with a learning disability, I'd want them to come here."
- "I have no complaints regarding the management."
- "I've worked here for a number of years...we've never sent anyone home with an unmet need...we are a great staff team...we are relearning how to work after COVID...service users are like my own family...my training is up to date...there are good opportunities and good support."

Two staff raised a concern regarding staff morale. The manager informed RQIA that they were aware of staff concerns.

**During the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences**



- Do you feel safe when you are at the Centre?
- Does your care protect you from harm?
- Is care effective – does your care work well for you?
- Is care compassionate – is your care given kindly with dignity and respect?
- Is the service well led – does the manager run the Centre in a good way?

Returned questionnaires show that those supported thought care and support was either excellent or good. We have noted some of the comments received:

- “The staff here have helped me be a voice for people who can’t speak up for themselves.”
- “When the centre is closed, it makes me sad.”
- “I like cooking, going out shopping and the relaxation sessions.”
- “I would be very bored and depressed if I didn’t have the centre.”
- “We have regular service user meetings that I talk at.”
- “I know the staff very well.”
- “I talk to the staff all the time about how I’m getting on at home.”
- “I’m involved in co-production. I do talks to staff using my communication aid.”

No responses were received 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 27 July 2022 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).

Discussions with the person in charge 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 two years 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. A review of records confirmed that these had been managed appropriately.

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.

The person in charge was aware what incidents required to be notified to RQIA.

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. It was positive to note, as part of their duties, one staff member in the day care setting acted as a moving and handling facilitator. This offered an in-house resource regarding any specific issues with service users' transfers.

A review of care records identified that moving and handling risk assessments and care plans were up to date. Where a service user required the use of more than one piece of specialised equipment, direction on the use of each was included in the care plan.

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.

All staff had been provided with training in relation to medicines management. The day care setting currently has a registered nurse present in the setting to administer liquid medicines via syringe to one service user.

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 had completed appropriate Deprivation of Liberty Safeguards (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. The care records contained details of 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, 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 services 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. Some matters discussed included:

- Safeguarding
- Garden Party
- Activities

Some service users' comments included:

- "I'd like to try swimming"

A 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.

### 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 modifying food and fluids were introduced in August 2018. 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.

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?

Staff recruitment was not reviewed as part of this inspection.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body. There was a system in place for professional registrations to be monitored by the manager.

There were no volunteers working in the day care setting.

### **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. Written records were retained by the day care setting of the person's capability and competency in relation to their job role.

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

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

There were monthly monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's monthly quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

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. The day care setting had received a range of compliments since the last inspection.

## **6.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms. Pamela Surgenor, person in charge, Mrs Christine Noble, manager, Ms. Laura McMullan, Assistant Manager and Ms. Fionnuala Totten, Assistant Manager as part of the inspection process and can be found in the main body of the report.





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