

# Unannounced Care Inspection Report 12 December 2018



## Everton Day Centre

**Type of Service: Day Care Service**  
**Address: 589/593 Crumlin Road, Belfast, BT14 7GB**  
**Tel No: 02895044106**  
**Inspector: Suzanne Cunningham**

[www.rqia.org.uk](http://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 Day Care Setting provides care, support and day time activities for up to 125 service users daily who are aged from 19 years of age and live within the Belfast Trust. The service is open Monday to Friday and provides a day care service for service users who have a learning disability and may have a range of additional disabilities/conditions including profound and multiple disabilities, complex healthcare needs, dementia, autism, mental ill health, behaviours which challenge and sensory impairment.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast HSC Trust	<b>Registered Manager:</b> Adrian Brennan
<b>Responsible Individual(s):</b> Mr Martin Joseph Dillon	
<b>Person in charge at the time of inspection:</b> Adrian Brennan	<b>Date manager registered:</b> 23 November 2017
<b>Number of registered places:</b> 125 - DCS-LD, DCS-LD(E)	

### 4.0 Inspection summary

An unannounced inspection took place on 12 December 2018 from 09.30 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 inspection assessed progress with any areas for improvement identified during and 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: staff induction; staff training; adult safeguarding; potential restrictive practices; infection prevention and control; risk management; the day centre's environment; care records; audits and reviews; communication; culture and ethos of the day care setting; listening to and valuing service user's views; promoting service users independence; governance arrangements; quality improvement; and maintaining good working relationships.

No areas requiring improvement were identified.

Service users were asked what they thought about the day care setting or was there anything they thought we should know about the day centre, they said: "I love the centre, I make friends"; "good craic"; "it's a nice place and I like making stuff"; "I can't live without the day centre and day care workers"; day care "gives us choice"; "we can do what we want to do here"; "I feel supported by staff. I love coming to the day centre – it gets me out of the house and I get to be with my friends. It really cheers me up"; "I feel involved in all parts of my care, I am happy with the care and support I get from staff"; "I enjoy the day centre. I would be lonely at home – all my friends are at the centre. People support me and I get to be part of different groups, like the walking group, which was brilliant".

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, registered 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 22 January 2018

No further actions were required to be taken following the most recent inspection on 22 January 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 registration details of the day centre.
- Information and correspondence received by RQIA since the last inspection.
- Incident notifications which highlighted eight incidents had been notified to RQIA since the last care inspection.
- Unannounced care inspection report and quality improvement plan from 22 January 2018.

During the inspection the inspector met with the registered manager, the staff on duty and more focused discussions were completed with a group of six staff. The inspector greeted all of the services users in the setting on the day of inspection and engaged with a focus group of five service users to obtain their views about this day care setting.

The following records were examined during the inspection:

- Four service users' care records, including a sample of activity records.
- A sample of service users' daily records.
- Four individual staff records.
- A sample of staff supervision and appraisal information.
- The day centre's complaints/compliments record from April 2017 to December 2018
- Staff roster information for November and December 2018.
- The day centre's record of incidents and accidents recorded from September to December 2018.
- Fire safety precautions.
- A sample of minutes of consultation with service users' since the last inspection.
- A sample of minutes of staff meetings from July, August and November 2018.

- A sample of monthly quality monitoring reports from September 2018 to November 2018.
- The Statement of Purpose, May 2018.

At the request of the inspector, the registered manager was asked to display a poster within the day centre. The poster invited staff and professionals to provide their views electronically to RQIA regarding the quality of service provision; one response was received from a visiting professional and ten complete responses were received from staff.

Ten service user and/or relatives' questionnaires were provided for distribution; five questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the registered manager place a 'Have we missed you' card in a prominent position in the day centre to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

The inspector would like to thank the registered manager, service users and their relatives, the visiting professional and staff for their contribution to the inspection process.

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

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 22 January 2018**

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

### **6.2 Review of areas for improvement from the last care inspection date 22 January 2018**

There were no areas for improvement made as a result of the last care 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 inspector reviewed the setting's systems in place that avoid and prevent harm to service users. This included a review of staffing arrangements in place within the day care centre; which showed on average there was two to three staff allocated to each room/ group. Any variation in this was in response to changes in service user numbers and/ or the ability of the group. All duties for the day, specific care plans and rooms were allocated to named staff. Discussions with staff identified that they felt there were sufficient staffing levels to ensure the safety of service users in the day centre. The staff identified if the staffing was ever less than planned they can adapt numbers/ service users timetables or activities planned to ensure safe care is maintained.

Review of the staffing rota, discussion with the assistant manager and staff did confirm that there was sufficiently qualified, competent and experienced persons working in the centre to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose. When required, the management team had supported the staff in the provision of direct care. Observation of care during this inspection verified service users' needs were met by the staff on duty and discussion revealed they were knowledgeable and fully appraised of the service users' needs that were in their care.

Observation of staff providing care and support and discussion with staff revealed that the staff were supportive of each other and open communication was in place, which had ensured the team worked well together. Discussion with staff verified that this approach was promoting safe and effective care for service users in the setting.

The manager confirmed that staff employment records were held within the BHSCT human resources department. Recruitment of new staff was stated as undertaken in compliance with the Trust's policy/procedures, legislation and day care standards. The inspection of four individual staff files did not find any variance in these arrangements.

On the day of the inspection observations of the staff supporting service users did not highlight any areas for improvement in relation to their practice. Discussion with staff and inspection of four individual staff records found the NISCC induction standards were incorporated into the induction process. Furthermore when existing staff gained promotion in the setting induction processes were still followed, albeit they were tailored to fit the staff member's knowledge and experience. This approach to inducting new staff ensured staff explored the skills and knowledge required to work safely and effectively in their new role, in the day care setting

Inspection of staff training records and discussion with staff on the day of inspection confirmed that they had received training to enable them to fulfil the duties and responsibilities of their role. The discussion with staff confirmed training was ongoing and they had training opportunities over and above mandatory requirements for example, anaphylaxis and epi pen training to meet service user's individual needs.

The day care setting's governance arrangements in place that identify and manage risk were inspected. This confirmed that an effective incident/accident reporting policy and system was in place. The staff had recorded incidents and accidents which was reviewed and audited by the registered manager; the paper record of incidents and accidents was available for inspection. A sample was inspected ranging from September to December 2018. The record showed that the incidents had been managed appropriately, effectively documented safety issues, risks were identified, and actions taken to minimise risk of reoccurrence were recorded when identified.

The registered manager advised that there were no locked doors into or out of the setting or other restrictions that would impact on the whole group in the day care setting. The manager and staff identified restrictive practices may be in place to support the safe care of individual service users in the setting, examples were the use of a belt which was part of a service users chair and increased staffing levels to help a service user move around the setting safely. Assurances were given by the staff and assistant manager that when a restriction was identified, this was recorded clearly detailing why the restriction was necessary and how this promoted improved outcomes for the service user, in comparison to not having the practice in place. Three service users' individual records were examined and examples of care were observed which showed on the day of the inspection the plans in place were the least restrictive measure in place and used for the shortest time possible to meet the service user's needs. Records also showed there had been consultation with the multi-disciplinary team to ensure best practice appropriate to meet each individual service users' needs was in place. Advice was given to the manager to ensure the individual service users plan describes why the preventative action is the least restrictive measure. Whilst the information was available this was difficult to locate within the large suite of documentation that had been written for each individual service user.

Observations of the environment concluded that it was clean and tidy. Discussion with the registered manager and observation of the environment found that furniture, aids and appliances presented as fit for purpose for the needs of the service users. Infection prevention and control measures were in place, and no obvious health and safety hazards were identified.

Fire exits were clear and free from obstruction. Records examined identified that a number of weekly fire safety precautionary checks were undertaken. It was noted that the last full evacuation drill was undertaken on 28 November 2018. The record showed a full analysis of the evacuation had been undertaken by the manager and staff with records of improvements put in place which aimed to ensure future evacuations maintained service users safety.

A fire risk assessment was completed on 12 December 2017 and was not due for review until December 2019. The action plan was a working document that detailed actions taken to address improvements identified. The records showed staff were consistently working on maintaining a safe approach in relation to fire safety.

Discussion with staff provided evidence that overall they felt the care was safe in Everton. They had noticed service users' needs were more complex in relation to physical and behavioural needs. They discussed the time taken to meet complex needs did impact on what they could achieve in their groups, nevertheless they were knowledgeable regarding how to meet the groups needs safely. Staff confirmed they were aware of their responsibility to raise concerns in relation to service users' wellbeing and poor practice, and were confident when reported the management would respond safely.

Discussion with service users concluded they felt safe in Everton. They gave examples of safe care, for example the staff and bus driver make sure they are safe on the bus by ensuring they are using their seat belt and are in the right seat. The service users described the day centre was a place they can talk and have a bit of “banter”. They identified if they were not attending the day centre they would have no work, nothing to do and be stuck in the house which would have an impact on them feeling well.

Ten staff and one visiting professional returned questionnaires to RQIA post inspection, Three identified they were satisfied and eight identified they were very satisfied regarding the questions “is care safe” in this setting.

Two service users/ relatives returned a questionnaire to RQIA post inspection, they identified they were “very satisfied” regarding the questions “is care safe” in this setting.

**Areas of good practice**

There were examples of good practice found during the inspection in relation to staff induction; staff training; adult safeguarding; potential restrictive practices; infection prevention and control; risk management; and the day centre’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 inspector reviewed the day care setting’s arrangements for responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided was described in the settings Statement of Purpose.

Four service users’ individual files were inspected. They contained essential information such as: referral information; when required the multi-disciplinary assessment; behavioural support plan; communication assessment; manual handling and transport assessments; epilepsy management plan; the activity plan; and a care plan. The care profile which was a large booklet of essential information contained relevant assessments, the plan and review documentation. The inspector was pleased to note the documentation was person centred and when possible was written in a format that was accessible for the service user. The service user views, goals and personal objectives were incorporated into the documentation and when possible documents were signed by service user. This provided assurance there had been consultation with the service user and they agreed to the content. When the service user was not able to communicate their agreement in the same way, this was reflected in the recording and a relative or representative had signed the documentation. The discussion with staff and inspection of the documents concluded there was a lot of information in each individual care profile, some of the information was repeated in different formats and there was no quick reference document for a staff member to refer to. Accessible information is essential to ensure staff can easily refer to



what each service user needs. Discussion with the registered manager and staff revealed this had already been identified for improvement and advice was given in relation to simplifying documentation and making it accessible.

Overall inspection of effective care and discussion with staff provided evidence that staff were knowledgeable regarding service users' individual needs and their care plans. Staff confirmed that they use service users' care records to guide their practice and therefore recognised the importance of ensuring the records remained current and relevant.

Discussion with staff confirmed they felt the care provided was effective. They confirmed there was effective communication systems between staff that had ensured all staff received information relevant to the care and support of the service users in the setting. Staff did identify they had continued to work with service users to produce person centred and accessible information for service users with a learning disability. This approach was one example of many used by this staff team to improve communication with and between service users.

Discussion with service users confirmed they felt care was effective in this day care setting. They said they enjoy doing activities such as enterprise activities where they made items to sell. They explained they were enabled by staff to choose their meals, outings, activities and social opportunities in the setting. Service users said staff provide help, support and care and they know how to do this because they receive training. They knew about their person centred plan and confirmed the plan describes what they want to do in day care, they had helped to write it and they understood it.

Ten staff and one visiting professional returned questionnaires to RQIA post inspection, two identified they were satisfied and nine identified they were very satisfied regarding the questions "is care effective" in this setting.

Five service users/ relatives returned a questionnaire to RQIA post inspection and identified they were "very satisfied" regarding the questions "is care effective" in this setting.

### **Areas of good practice**

There were examples of good practice found during the inspection in relation to care records; audits and reviews; and communication.

### **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

## 6.6 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.**

During the inspection staff were observed meeting service users' needs and communicating respectfully with service users. Service users were observed freely approaching staff to ask for assistance and staff were observed communicating using a variety of techniques that were consistent with the service user's communication needs. Observation of staff supporting and caring for service users demonstrated that service users were treated with dignity and respect. When possible staff were promoting and maintaining service user's independence and safety. During the observations of care the inspector saw staff communicating with, understanding and responding appropriately with service users who possessed minimal verbal communication. Staff were observed assisting and supporting service users in a sensitive manner.

Discussion with staff regarding the activities they were delivering confirmed the activities available were consistent with service user's ability, preferences and choice. Staff described examples of how they had enabled service users to develop their strengths and support them to reach their goals. Most notably this day centre had empowered service users to have a voice and enabled them to communicate their needs, knowledge and experience to a wide audience. For example the easy read documentation they had co-produced with organisations in the health sector to ensure information was accessible for the service users. More recently two service users had presented their experiences of having their needs met and living with a disability to medical students, trainee speech and language therapists and trust staff. These examples of involving service users in informing care, treatment and support was championed by staff in the day centre, and they facilitated the opportunity and assisted service users to communicate what they needed to say. The service users and staff are commended for their determination to develop co-production and improve future care in a range of settings for service users.

The service user's activity schedule was communicated in number of formats to ensure service users could access opportunities, and for those who responded best to routine this ensured they could follow their plan. For example, service users who liked and relied on picture schedules could see theirs placed near to them, the room plan was visible and the outings and outreach opportunities were displayed on the service user's notice boards. Visual communication strategies were also being used which helped service users to remain as independent as possible in day care.

Discussion with staff in the individual activity rooms found they knew service users well and had the right knowledge regarding each individual's presentation to notice quickly if a service user's behaviour is deteriorating.

The inspector reviewed the systems in place that promoted effective communication between service users and staff, the records showed a number of methods were used that were aimed at involving service users in their personal care and the improvement of the day care setting. Examples were staff used communication methods that were appropriate for each individual such as Makaton; staff facilitated monthly meetings with service users in their activity/ group rooms to gain their views and preferences; the service facilitated a representative group to attend meetings regarding menus and development of trust services; the staff consulted with service users regarding activities they had taken part in and their activity plan; the minutes of

meeting produced in Everton used a colour coding system to assist service users to understand the subjects being discussed; the service sent out an annual survey to all service users who had attended Everton and used this to improve the service annually; and a musicom group was developed with service users who have limited communication opportunities, which helped service users to express their thoughts through music, signing and gestures. The records of the outcomes of these interventions showed each intervention had the potential to fully involve service users and improve their outcomes. Notable outcomes were the development of easy read and accessible communication methods which was enabling all service users the opportunity to be fully involved.

Discussion with staff confirmed that they felt the care provided was compassionate. They recounted examples of how they had improved the service users' involvement in the centre and facilitated their involvement in trust initiatives. Staff presented as motivated to help service users communicate, be involved in co-production and improve services for service users who have a learning disability. Overall staff described they use a person centred approach to deliver care which supports and promotes a safe and a positive experience for service users.

Discussion with the service users revealed they felt staff showed compassion when delivering care and support. They said Everton was a place they could be involved in a range of activities that were their choice. One service user said "I love the centre; I can make friends and its good craic". Another service user identified they were involved in the easy read group and said it's where they "make documents that are easy to read which makes such a difference". All of the service users agreed if they had a concern or worry about day care they would speak to the day care worker or manager who they were confident would sort it out for them.

Ten staff and one visiting professional returned questionnaires to RQIA post inspection, one identified they were satisfied and ten identified they were very satisfied regarding the questions "is care compassionate" in this setting. One respondent wrote: "Visiting the unit this morning I noticed the poster displayed at reception Everton DC. I am really impressed with the atmosphere and welcoming I received at reception. With everything thing current in the news I would like to champion our community facilities and the great work and support."

Five service user /relatives returned questionnaires to RQIA post inspection. They identified they were "very satisfied"; regarding questions on "is care compassionate" in this setting.

The inspection of compassionate care confirmed the staff were actively promoting effective communication between service users and staff to involve service users in their care and improve their outcomes.

### **Areas of good practice**

There were examples of good practice found during the inspection in relation to the culture and ethos of the day care setting; listening to and valuing service user's views; and promoting service users independence.

### **Areas for improvement**

No areas for improvement were identified in this domain during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<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 registered manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received the right support and guidance. Staff spoken with during the inspection confirmed they were provided with a supervision meeting quarterly. Staff described the management team had an open door policy for staff to access management support at any time. The review of staff supervision records and observation of practice during the inspection verified these processes were in place.

The Statement of Purpose for the day care service was reviewed during the inspection and was found to be satisfactory. The document described the nature and range of the service to be provided and addressed all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. Evidence gathered at this inspection indicated that the service was operating in compliance with its Statement of Purpose.

The registration certificate was up to date and displayed appropriately.

The inspection of the monitoring arrangements confirmed they were consistent with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken monthly by another manager within the sector who demonstrated a good understanding of the setting. The visits were a mixture of announced and unannounced visits, described their engagement with service users and staff, and reported on the conduct of the day care setting. Any improvements identified were recorded in an action plan which was reviewed during the next visit.

The inspector was provided with a number of processes that aimed to audit, monitor and review the effectiveness and quality of care. It was positive to note that the management team had undertaken audits and monitoring of the quality of care. There was also opportunity for any staff who had a particular interest to improve and develop the quality of care. The processes in place presented as effective and would assure practice in place was safe and effective, and improvements were made when identified as necessary.

The inspector discussed the recent development of the NISCC website and the adult social care learning zone. The registered manager and staff were encouraged to access this as a resource that may be beneficial for promoting staff development and training opportunities for staff in the day centre.

The complaints and compliments record was reviewed. Three areas of dissatisfaction or complaints were recorded since the last inspection. The review of the records showed the staff had openly encouraged service users to give feedback and they had been responded to in accordance with the trust policy and procedure. Areas for learning or improvement were clearly recorded and the service user's satisfaction with the outcome was recorded. The system in place had enabled service users to request Wi-Fi access, and at the time of the inspection a plan was in place for this to be installed. The complaints/areas of dissatisfaction record was another good example of service users being encouraged to be involved in their care and the future development of the day care setting.

The inspector discussed arrangements in place that related to the equality of opportunity for service users. The inspector noted that the day care setting creates person centred care and support plans, and risk assessments for each individual service user. Other areas of equality awareness identified during the inspection included:

- Equality issues policy.
- Equality issues training for staff.
- Effective communication.
- Service user involvement.
- Developing projects using co-production methodology.
- Adult safeguarding.
- Advocacy.
- Equity of care and support.
- Individualised person centred care.
- Individualised risk assessment.
- Disability awareness

Discussion with staff provided evidence that they felt the service was well led. They said the management team and staff team believe a high standard of care must be maintained which motivates them to improve. The staff said they are a brilliant staff team who work well together. They identified service users have more complex needs and this had impacted on the dynamics of the service user groups and what they could do. The staff said they strive to add value to what they are doing. They described they do not deliver the basic care package for service users and instead provide service users with opportunity, in a quality caring setting. Staff said they were well supported to develop quality care through supervision, staff meetings, and they were encouraged to bring forward improvement ideas. The staff discussed streamlining service users care records which they felt were could be improved. The manager and senior team had accepted there was potential for improvement and an assurance was given this would be progressed.

Ten staff and one visiting professional returned questionnaires to RQIA post inspection, four identified they were satisfied and seven identified they were very satisfied regarding the questions “is care compassionate” in this setting. Respondents wrote “Currently employed as a Day Care Worker band 5 I enjoy what I do and feel I am fully supported by my line management and peers. We have a great place”; “I think Everton provides an excellent service for our users and has a great relationship with their families too. Through my employment I have been offered many opportunities for training and development which I can then put into practice to improve the quality of the service. Coming up to Christmas, and being involved in all the many events - coffee mornings, carol service, Dockers, Christmas dinners, staff hampers and secret santa - there is a great atmosphere and my work is both fun and rewarding”; “I enjoy what I do. As a team I feel we are work well and clients very well supported. I enjoy having my say and been asked my opinion as I feel I have a lot to give in my band 3 day care worker post”; “I work in a great team that want the best for service users”.

Five service users/or relative returned a questionnaire to RQIA post inspection they identified they were “very satisfied” regarding questions on “is care well led” in this setting.

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified in this domain 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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