

# Unannounced Care Inspection Report 3 March 2020



## Mica Drive Day Services

Type of Service: Day Care Service

Address: 1a Mica Street, Belfast, BT12 7BQ

Tel No: 028 9504 2800

Inspector: Jim McBride

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Assurance, Challenge and Improvement in Health and Social Care

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 provider 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 40 places. The day care setting provides care and day time activities for adults living with a learning disability who may also have a physical disability, sensory disability, autism, mental health needs, behaviours which challenge and/or dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast Health and Social Care Trust (BHSCT)	<b>Registered Manager:</b> Maria O'Hagan
<b>Responsible Individual:</b> Martin Joseph Dillon	
<b>Person in charge at the time of inspection:</b> Assistant Manager	<b>Date manager registered:</b> 22 June 2012

### 4.0 Inspection summary

An unannounced inspection took place on 3 March 2020 from 09.20 to 11.30.

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

Evidence of good practice was found in relation to staff members' registrations with the Northern Ireland Social Care Council (NISCC).

The findings of this report will provide the agency 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 the assistant manager, as part of the inspection process and can be found in the main body of the report.

### 4.2 Action/enforcement taken following the most recent care inspection dated 6 and 7 December 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on the 6 & 7 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 registration details of the day centre
- Information and correspondence received by RQIA since the last inspection
- Incident notifications which highlighted a number of incidents had been reported to RQIA since the care inspection on 6&7 December 2018
- Unannounced care inspection report and quality improvement plan (QIP) dated 6&7 December 2018.

During our inspection we focused on contacting the service users, their relatives and staff to find out their views on the service. We ensured that the appropriate staff checks were in place before staff work with service users.

- Recruitment records specifically relating to Access NI and NISCC registration.

A poster was provided for staff detailing how they could complete an electronic questionnaire relating to the quality of service. No responses were received prior to the issue of this report.

Ten questionnaires were also provided for distribution to the service users and their representatives; no responses were returned within the timeframe for inclusion within or these report ten responses were returned showing clear satisfaction levels.

### Comments received:

- "I like coming to the centre."
- "I am happy at the centre, but would like more activities to choose from."

During the inspection the inspector met with the assistant manager two staff, one student and two service users. The inspector spoke with two relatives following the inspection.

### Service user comments:

- "Good staff."
- "I have good support from everyone."
- "I'm treated with respect."
- "Approachable manager and staff."
- "A good variety of activities."
- "I like meeting new friends here."
- "I feel safe and secure here."
- "Staff help me with all my activities."
- "Good managers here."
- "Staff always listen to my view."

### Staff Comments:

- "Good approachable managers."
- "Team communication is good."
- "We provide a good variety of activities both here and on outreach."

- “Service users are central to all we do.”
- “Supervision is good and regular.”
- “Both training and induction is good and helps in your role.”
- “The managers have an open door welcoming policy for all.”

#### Other Professional Comments:

- “Induction is comprehensive and effective. I had the opportunity to shadow other experienced staff.”
- “There is good team communication.”
- “Staff focus is on outcomes for service users, whilst promoting continued independence.”
- “I have always been welcomed here by staff.”

#### Relatives Comments:

- “The staff are very attentive.”
- “The staff focus is on needs individually.”
- “My relative is safe and secure there.”
- “The range of activities are excellent and \*\*\*\*is able to avail of most of them.”
- “I have no concerns about the centre.”

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

The inspector would like to thank the service users, service user’s relatives and staff for their support and co-operation throughout the inspection process.

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

### 6.0 The inspection

Action required to ensure compliance with Standard 7.5		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 7.5  <b>Stated:</b> First time	The registered person shall ensure that when no recordable events occur, for example as outlined in Standard 7.5, there is an entry at least every five attendances for each service user to confirm that this is the case.  Ref: 6.5	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed a number of records relating to attendance. The records in place show clear compliance with Standard 7.5.	

This inspection focused solely on issues previously outlined in section 4.0.

## 6.1 Inspection findings

Discussion with the assistant manager and a review of records confirmed that there was a system in place to ensure that relevant pre-employment checks with Access NI had been undertaken prior to employment. There was a system in place to ensure that staff were registered with NISCC and were monitored on a regular basis.

The assistant manager confirmed that staff employment records were held within the BHSCT human resources department, and that all appointments were made in compliance with relevant legislative requirements and trust policy and procedures.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<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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