

Unannounced Care Inspection Report 16 January 2020



Carlisle Day Centre

Type of Service: Day Care Service

Address: 2 Carlisle Terrace, Belfast, BT15 2PR

Tel No: 028 90 639800

Inspector: Fionnuala Breslin

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

Carlisle Day Centre is a day care setting with 30 places. The centre provides care and day time activities for older people and people living with dementia.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust	Registered Manager: Shauna Breslin
Responsible Individual: Martin Joseph Dillon	
Person in charge at the time of inspection: Shauna Breslin	Date manager registered: 16/01/2017
Number of registered places: 30	

4.0 Inspection summary

An unannounced inspection took place on 16 January 2020 from 10.00 to 15.30.

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

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 during and since the last care inspection and to determine if the day centre was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the storage of service user's information; communication between the staff team in the form of daily meetings; planning daily care; the culture and ethos of the centre; listening to, valuing and taking account of the views of service users and maintaining good working relationships with all stakeholders which was evidenced by feedback from trust professionals, staff and service users and their families.

There were no areas for improvement identified during this inspection.

Service users and family members provided positive comments regarding the care and support they had received.

Service users and families have said:

- "Yes I feel safe here"

- “Staff are very caring”

The findings of this report will provide the manager of the centre with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users’ experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Shauna Breslin, 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 taken following the most recent care inspection dated 11 June 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 11 June 2019.

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
- Previous report and QIP
- Information and correspondence received from the registered manager.
- Information received by RQIA in relation to the service
- Incident notifications; one incident had been notified to RQIA since the previous inspection and Quality Improvement Plan (QIP) on 11 June 2019.

During the inspection the inspector met with five service users, three staff, and one visiting family member who said...

- "I am very happy with the care my relative is receiving it has been a life line"

At the request of the inspector, the manager was asked to display a poster prominently within the day centre. The poster invited staff to give their views and via electronic means to RQIA regarding the quality of service provision. There was no response to the staff survey. There was no response received from the ten questionnaires sent out to service users and their relatives.

The inspector requested that the manager place a “Have we missed you” card in a prominent position in the day centre to allow service users and family members who were not available

on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

The inspector spoke to a community support worker within the Community Mental Health Team via telephone on 4 February 2020. The community support worker made the following comments:

- “The centre delivers very person-centred care.”
- “The staff are always very helpful and informative.”
- “I have short term involvement with service users attending the day centre but the staff keep me well informed during that time”
- “It is a nice friendly day centre and the staff are very welcoming to service users”

The following records were examined during the inspection:

- Three service users care files including the recording of their attendance in the day care setting
- Incidents and accidents recorded since the last inspection
- The staff rota arrangement from October to December 2019
- Minutes of service user meetings
- Staff supervision dates for three members of staff.
- Staff training information in relation to adult safeguarding and swallowing difficulties.
- A selection of monthly monitoring reports for 2019 since the last inspection.
- Annual Quality report for 2018/19
- Fire risk assessment (2019) and fire manual

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 11 June 2019

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

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 11 June 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 13.2 Stated: First time To be completed by: 15 July 2019	The registered person shall ensure that information is available for service users and displayed in the centre regarding the adult safeguarding arrangements. The information should include the first point of contact in the centre and contact details. Ref: 6.4	Met
	Action taken as confirmed during the inspection: The inspector confirmed that the registered manager has made available for service users and displayed in the centre information regarding the adult safeguarding arrangements. The relevant details are included.	
Area for improvement 2 Ref: Standard 28.3 Stated: First time To be completed by: Immediate action	The registered person shall ensure that evidence is present to verify that action recommended following fire safety inspections has been taken. Ref: 6.4	Met
	Action taken as confirmed during the inspection: The inspector has confirmed that action recommended following fire safety inspections has been taken and documented on the fire risk assessment (2019).	
Area for improvement 3 Ref: Standards 4 and 5 Stated: First time To be completed by:	The registered person shall ensure that assessments and care plans are regularly reviewed to reflect and verify the service user's current needs. Ref: 6.5	Met

22 July 2019	Action taken as confirmed during the inspection: The inspector confirmed that assessments and care plans are regularly reviewed to reflect and verify the service user's current needs.	
Area for improvement 4 Ref: Standard 17.2 Stated: First time To be completed by: 1 August 2019	The registered person shall ensure that robust governance arrangements are in place and where a shortfall is noted; the action taken is stated, is dated and validated by the registered manager. Ref: 6.7	Met
	Action taken as confirmed during the inspection: The inspector confirmed that there are robust governance arrangements in place and where shortfalls are noted the action taken is stated, dated and validated by the registered manager.	

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 inspection reviewed the systems in place in the day centre to avoid and prevent harm to service users; it included a review of staffing arrangements.

It was confirmed by the inspector that there have been no new staff commencing post since the last inspection.

The inspector reviewed the staff rota from October to December 2019. The rota detailed that the minimum number of staff necessary were on duty. The manager was identified on the rota and the rota clearly states the specific role of each staff member on duty and who is in charge in the absence of the manager.

The inspector could evidence that all current staff are registered with NISCC. The registered manager reviews this on a monthly basis and reviews all registrants to ensure that registration is current.

Staff receive mandatory training and other appropriate training relevant to their roles and responsibilities.

During the inspection evidence was provided of recent training attended by staff for adult safeguarding. During conversations with staff they were able to discuss their roles and responsibilities in relation to adult safeguarding.

Staff said:

- "The team works well here"
- "The manager comes out and helps when needed, she is very hands on"
- "We work very effectively together as a team"
- "I attend 3 monthly meeting for service improvement for dementia"
- "I'm very interested in learning more about dementia"
- "This service is led very well by the manager"

RQIA records show that there was one notifiable incident reported since the last inspection. This was dealt with appropriately and there was evidence of review of incidents during monthly monitoring by the registered person. Service user families and trust professionals advised the inspector that they were informed of any issues when appropriate and in a timely manner. The inspector was satisfied that all action was taken to ensure the safety of all people using the day centre and risk assessments and safety plans were in place to minimise risk to individuals.

The inspector discussed restrictive practices with the manager. The manager understood the importance of a person-centred approach and an awareness of guidelines regarding deprivation of liberty (DoL's). The manager explained that all service users have been assessed as needing a secure environment, this is clearly documented in the care plan and is referred to in the Statement of Purpose.

The inspector observed the mealtime experience and found sufficient supervision by day care staff. It is noted that there were people with swallowing difficulties attending on the day of inspection. The inspector spoke to a number of staff including the kitchen staff. All staff confirmed that they had attended training in the management of swallowing difficulties and information was available to outline the needs of all service users who experienced swallowing difficulties.

During the inspection a service user who required assistance was supported sensitively and in a timely manner by staff members. During this time there was evidence of effective team work to support each service user based on their assessed needs.

The inspector noted good practice in relation to the mealtime experience. Feedback from service users described this as one of the highlights of the day. The day care workers and care staff all contributed to this experience in their own way ensuring that this part of the day was an enjoyable experience for the service users. The team help the service users with communication difficulties to make independent choices. Service users were observed by the inspector enjoying their meals in a safe environment whilst maintaining their independence.

The review of the environment found the setting presented as safe, clean and tidy. Items of furniture were fit for purpose. The service users could move about the building freely. There was no signs of overcrowding in any of the rooms visited.

The last fire risk assessment had been completed in February 2019 and is therefore due for review in March 2020 in line with the trust procedures. Fire drills were completed six monthly and all staff were trained in fire safety awareness.

The fire manual was checked by the inspector and there was evidence of daily, weekly and monthly checks being carried out by staff.

There was evidence of external contractors visiting the facility following a water leak. The manager confirmed that the system was fully functional at the time of the inspection.

During conversations with staff in relation to safety, they confirmed that they felt the care they were providing was safe and the environment was safe also. Staff members receive communication daily at the beginning of the day regarding any changes in care needs of the service users.

Service users said:

- "Yes I feel safe"
- "The staff keep us safe and well looked after"

Areas of good practice

There were examples of good practice found throughout the inspection in relation to adult safeguarding, risk management, service user involvement, quality activities and wider community participation.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Three service user’s care plans were reviewed. All had a written agreement in place and records included a detailed assessment of needs, risk assessments and comprehensive care plans.

There was evidence service user’s personal goals and the review of these goals.

It was evident on inspection that records were stored safely and securely in line with data protection and GDPR and staff reported they could access their records as required.

During discussion with a group of service users the inspector was told that the care provided was effective and that staff and the manager were approachable and open to their suggestions.

Service users said...

- "There are always staff on hand if you need them"

- "I come five days a week and I love coming"
- "Everything is so well organised here it is a great place"

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, communication between service users, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

The service users' needs were varied including memory loss, communication difficulties, frailty, mobility needs and behaviour needs. Following discussions with service users and staff, and observation of interactions, the inspector was satisfied that service users were being treated with dignity and respect. During observations of care practices, activities and mealtime it was noted that the service users were being encouraged to make independent choices.

Staff on duty were observed approaching service users in a caring and respectful manner. A service user who approached staff looking for assistance was treated with dignity and respect. Staff were observed to have responded sensitively to the individual's needs.

Service users who spoke with the inspector discussed how they felt their opinions were important to the staff and changes were made in relation to their personal objectives.

During conversations with the inspector, service users made comments as follows:

- "Staff are very caring"
- "The staff know us very well it's like a home from home"

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 their views through various means including monthly monitoring and service user meetings.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 registration certificate was up to date and displayed appropriately.

There are a range of policies and procedures in place to guide and inform staff and these are reviewed three yearly in line with regulations and standards. These reflected governing Northern Ireland legislation, Day Care Regulations, Minimum Standards and current good practice guidance.

- There is a whistleblowing policy and procedure in place and staff were knowledgeable regarding this during discussions with the inspector

During discussions with the inspector staff described the manager as very approachable. Staff meetings take place monthly and management meet on monthly basis too. Staff feel their opinions are important and effect change in a positive way. Feedback from service users would be discussed and would influence plans for improvements.

There was a system in place for complaints to be recorded, including details of response and investigation and a section for outcomes to be recorded regarding the satisfaction of the complainant. There was evidence of monthly audits carried out in the monthly monitoring report and the annual quality report. There were no complaints received since the last inspection.

The monthly monitoring reports contained reference to auditing arrangements for:

- complaints
- incidents/ accidents
- training
- formal supervision and annual appraisal
- care records (service user files including assessments, care plans, progress care notes; service users annual review of their placement)
- environment
- fire safety
- staff sickness absence

The inspector reviewed three of the monthly quality monitoring visits in detail. These visits are unannounced. There was evidence that they qualitatively reflect service users & staff views & opinions.

The last annual quality report (2018/19) included a summary of consultation with service users and their families on their views on the quality of care. An attempt was made by the manager to start a carers group which was unsuccessful.

This led to the manager using a drop in type of service whereby during the day she made herself available for carers to drop in for a chat and support. The report also included summaries on the range of services such as communication, care planning, systems of governance and the outcome of operational management meetings.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of accidents and incidents, quality improvement, carers support group and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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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