



The Regulation and  
Quality Improvement  
Authority

Drumross Adult Centre  
incorporating 'New Ways'  
RQIA ID: 11184  
O'Neill Road  
Newtownabbey  
BT36 6UN

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**Unannounced Care Inspection  
of  
Drumross Adult Centre incorporating 'New Ways'  
21 and 22 September 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1. Summary of Inspection

An unannounced care inspection took place on 21 and 22 September 2015 from 10.15 to 16.30 and on 22 September 2015 from 10.00 to 15.00 resulting in a total inspection time of 11 hours and 15 minutes. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	0

The details of the QIP within this report were discussed with the registered manager Natalie Jackson as part of the inspection process. Following the inspection RQIA contacted the registered manager and Isabel Kidd who is the adult learning disability service manager for buildings based services. The communication sought further information regarding the staffing concerns in this day care setting. This communication concluded the trust had taken measures to improve the staffing arrangements in this setting and are continuing to do so. This communication confirmed because measures had been taken by the trust to address the staffing concerns in this setting since the last inspection that enforcement action would not be taken by RQIA following this inspection. However, the requirement has been restated to ensure measures are put in place to fully meet this requirement. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Dr Anthony Baxter Stevens	<b>Registered Manager:</b> Natalie Jackson
<b>Person in Charge of the Day Care Setting at the Time of Inspection:</b> Sarah Forde	<b>Date Manager Registered:</b> 17 September 2010

Number of Service Users Accommodated on Day of Inspection:	Number of Registered Places:
21 September 2015 Drumross 66 New Ways 20	110
22 September 2015 Drumross 67 New Ways 21	

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

**Standard 5: Care Plan - where appropriate service users receive individual continence promotion and support.**

**Standard 8: Service Users' Involvement - service users' views and comments shape the quality of services and facilities provided by the Day Care Setting**

### 4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- Notifiable events submitted since the previous care inspection
- Written and verbal communication received since the previous care inspection
- The returned quality improvement plans (QIP) from inspections undertaken in the previous inspection year
- The previous care inspection report
- Pre-inspection assessment audit

During the inspection process the inspector met with several service users and had discussions with 18 staff. The inspector also spoke with three relatives of service users. The following records were examined during the inspection:

- Centre's complaints record and recorded compliments since the previous inspection
- Accidents/untoward incidents
- Statement of Purpose
- Minutes of three service users' meetings
- 12 service users care files
- Draft annual quality assurance report
- Policies and procedures regarding standards 5 and 8
- Three monthly monitoring reports
- Staff training records
- A sample of staff competency and capability assessments
- Staff supervisory history
- Staff meeting records

## 5. The Inspection

The inspector wishes to acknowledge the work undertaken by the managers and staff in preparation for this inspection and their open and constructive approach throughout the inspection process. Gratitude is also extended to the service users and their representatives who welcomed the inspector to their centre and engaged with her during the inspection.

### Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an unannounced care inspection dated 28 January 2015. The completed QIP was returned and approved by the care inspector.

#### 5.1 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p>Ref: Regulation 20 (1) (a)</p>	<p>The responsible Person must improve staffing levels in this setting to ensure staffing is compliant with this regulation. The returned quality improvement plan must report how the trust is going to meet the outcome of the staffing review for this setting, including timescales for recruitment of additional staff to meet the one to one and intensively staffed placements in this setting.</p> <p><b>Action taken as confirmed during the inspection:</b> The trust returned information to RQIA subsequent to the inspection which confirmed that staffing levels have improved in this setting since the last inspection. Information was also provided to evidence that additional staff have recently been recruited and that agency staff will continue to be employed to ensure cover until staff are fully inducted and in post. This matter is further addressed within Additional Matters in this report and is restated in the QIP for this inspection.</p>	Partially Met
<p><b>Requirement 2</b></p> <p>Ref: Regulation 28 (4)</p>	<p>The responsible person must review and improve the arrangements for regulation 28 visits to Drumross; specifically:</p> <p>The trust must report to RQIA their policy and procedure regarding writing regulation 28 reports. Specifically how future reports will be written, that is a report for each month or do they propose to combine monthly visits in one report for RQIA consideration and response.</p> <p>The trust must ensure future reports plan for issues</p>	Met

	of concern or deficit identified during a visit such as the staffing issues improve these issues.	
	<p><b>Action taken as confirmed during the inspection:</b>  Inspector confirmed that comprehensive monthly monitoring reports were available and up to date at the time of inspection. These reports do address issues of concern or deficit and report on staffing levels.</p>	

## 5.2 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

### Is Care Safe?

Confirmation was provided that a number of service users who attend the centre have continence care needs, some require assistance and support of two staff. A few service users require support by way of prompting and reminding, whilst others do require assistance of a staff member

Service users were encouraged to make their own decisions, and encouraged to be independent. Service users were observed to be discreetly supported by staff when this was needed.

Staff presented as knowledgeable, experienced and compassionate. Discussions with staff reflected a person centred approach is used with service users and staff also described sensitive communication strategies which ensured discretion and dignity were being maintained.

The inspector also discussed infection prevention and control practices in the centre and the provision of personal protective equipment (PPE). Discussions and examination of training records concluded staff are up to date with their infection prevention and control training. Diagrams of effective hand washing are in place in toilets. Service users brought their own individual products to the centre and the inspector noted these were discreetly stored. It was noted in accordance with the skin care policy that a cleansing cream was applied to the service users' skin.

The inspector advised the manager to contact the continence advisor regarding the best practice in relation to the use of this cream for individual service users.

The locality manager described how there are plans in progress to improve toilet and washroom facilities which will provide more space for service users who require assistance. A member of staff who returned a questionnaire also commented that this improvement was required.

### Is Care Effective?

Ten service users' care records in Drumross and two in New Ways were examined during this inspection with the main focus on the management of continence care.

Continence assessments and risk assessments were completed by staff, culminating in an individual goal based care plan which had been devised for each service user.

Care plans recorded for personal care included information on continence management, this presented as specific and person centred. There was evidence to confirm that service users and or their representatives' work together with staff when planning care. The discussion with staff and tour of the environment confirmed staff are aware of how to meet assessed needs. Discussion with three service users relatives / representatives confirmed their relatives needs had been openly discussed in the review meeting and they were satisfied that they are listened to. They reported they have good relations with staff and effective communication with the centre. They stated they were satisfied with plans in place for their relative but if this changed they would not have a problem with raising their concerns with staff or the manager. Discussion with service users revealed they all feel satisfied staff know how to care for them and respond to their needs. Five service user RQIA questionnaires returned post inspection revealed they are satisfied regarding the same.

### **Is Care Compassionate?**

Discussion with staff demonstrated they have a clear knowledge regarding person centred care. Staff were also aware of the need to encourage service users to make choices and be as independent as possible.

Service users' representatives reported they were very happy staff were aware of their relatives' needs and they look after them in a safe and respectful way. One representative confirmed that a relative's special continence products were used appropriately by staff within the centre.

Discussion with service users during the inspector's tour of the premises revealed they all feel very satisfied with the care and support they receive. One service user returned a RQIA questionnaire post inspection and stated they felt satisfied regarding the care and support they received.

The inspector also spoke with physiotherapy assistant who works regularly within the setting, comments included;

"Staff deal discreetly with continence issues"

"Staff support service users very well"

One staff member returned a RQIA questionnaire post inspection and this identified they were very satisfied that service users are afforded privacy, dignity and respect at all times.

In conclusion care plans describe service users' needs for individual continence promotion and support, observations of practice and discussions with staff, relatives and service users concludes the delivery of these plans is carried out compassionately.

### **Areas for Improvement**

There are no areas for improvement identifies within Standard 5 Care Plan –  
Where appropriate, service users receive individual continence promotion and support

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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### **5.3 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting**

#### **Is Care Safe?**

The Trust's corporate policies and procedures are in place regarding Standard 8.

Discussions with service users, eighteen staff and the management team revealed how service users had been and are being involved in the running of the service. Examples were given about how staff and management have responded to their suggestions, views and opinions. There were no negative comments received from service users during this inspection.

Service users' representatives commented:

"Drumross is an open environment, we are always welcome"

"Staff are very responsive to our requests"

Written records examined also showed good evidence of consultation in regard to planning care. Service users were involved in exercising choice regarding the activity programmes they wished to participate in. A range of activities have been provided within both centres that are informed by service user choice, suggestions and preferences. The inspector observed a service user advocacy group meeting in progress in Drumross with six service users and a member of staff. Discussions centred on choosing activities.

The inspector's review of the minutes of service users meetings; draft annual evaluation report; complaints records and discreet observations of staff interactions with service users concluded safe care is delivered in Drumross.

#### **Is Care Effective**

Discussions with three representatives / relatives confirmed they feel they had been consulted with and involved in decision making. For example when attending planning meetings, at assessment, at review meetings or when they had raised concerns or a complaint or were querying an element of their relative's care. The inspector observed how the centre and staff were very open and accessible to representatives.

One relative commented:

"Staff are so easy to get on with, I am so glad my son is here"

On the days of inspection service users were observed taking part in group and individual activities some service users explained how their preferences in relation to activities were respected. The inspector observed how services users with more complex needs were enabled by using one to one, two to one, or three to one staffing levels, to be involved in individual activities.

In conclusion service users' involvement is encouraged and facilitated to ensure service users' views and comments are sought effectively to shape the quality of services and facilities provided by the Day Care setting.

Observations of practice and discussions with staff, relatives and service users conclude the delivery of care is effective and communication at all times aims to seek service user's preferences as well as need.

### **Is Care Compassionate?**

The inspector's discreet observations of care practices concluded that service users' are treated with respect, kindness and care. All service users who completed questionnaires indicated their satisfaction with how their views and opinions are sought about the quality of the service.

In conclusion service users' involvement is encouraged to enable service users' views and comments shape the quality of services and facilities provided by the Drumross and New Ways. An observation of practice and discussions with staff, relatives and service users concludes the delivery of care is compassionate.

### **Areas for Improvement**

There are no areas for improvement regarding Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.4 Additional Areas Examined**

### **5.5.1 Accident and Incident Reporting**

The inspector reviewed accident and incidents reports since the previous inspection. These are being appropriately recorded and reported to RQIA as per Regulation 29. The inspector also reviewed a safeguarding concern in New Ways satellite service which had been reported appropriately. The review of actions taken confirmed policy and procedure had been followed by the day care setting. During discussions the inspector advised that a review of care should be convened as soon as possible for the service user concerned. At the time of the inspection the outcome of the referral was not available and this should be reported to RQIA as soon as received.

### **5.5.2 Complaints**

The complaints record was reviewed as part of this inspection. The annual complaints return for 1 January 2014 to March 2015 identified one complaint had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA.

### **5.5.3 Staffing Issues**

In the quality improvement plan a requirement had been restated regarding staffing issues within Drumross Adult Centre; following the care inspection of 26 and 27 January 2015. The locality manager and staff told the inspector that staffing continued to be a problem in the centre. This issue is also affected by staff sick leave which is considered to be high and an increase in new service users with more complex needs in September.



They described the necessity to have some service users cared for by one to one two to one and at times three to one staffing ratios. Staff also described how extra staff are sometimes required to respond to incidents to protect service users and staff. It was explained that the locality manager and senior staff often look after individual service users with complex needs on a one to one basis.

They stated that staff often do not get lunch breaks and accumulate large amounts of time in lieu. This was also stated in a questionnaire returned by one staff member. The inspector observed staff working very hard on the days of inspection to meet the needs of service users, who were being very well looked after in a warm welcoming environment. The registered manager confirmed that there had been an improvement in staffing since the previous inspection and provided a dependency analysis as evidence of this, however the document was difficult to interpret.

Subsequent to the inspection the responsible inspector contacted Isabel Kidd Day Services Manager to request confirmation and evidence that staffing levels had been addressed. The response to concerns raised was positive and it is evident that the trust are addressing the issues identified. Evidence was provided staffing levels had been improved and this should improve service user outcomes. The response also outlined initiatives to adapt the staffing rota to ensure staff get adequate breaks in the future. Finally they presented a clear plan to ensure staffing levels continue to be monitored on a monthly basis and it was also confirmed that agency staff will be used to address shortfalls in staffing levels.

On the days of inspection the requirement regarding Regulation 20 is considered partially met. This requirement is being restated in the quality improvement plan to ensure further measures taken by the trust to achieve full compliance is described on the QIP and this will be reviewed at the next inspection when it will be expected full compliance will be achieved.

## **6. Quality Improvement Plan**

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Natalie Jackson registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### **6.1 Statutory Requirements**

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

## 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory Requirements

#### Requirement 1

**Ref:** Regulation 20  
(1)(a)

**Stated:** Third time

**To be Completed by:**  
9 November 2015

The responsible Person must improve staffing levels in this setting to ensure staffing is compliant with this regulation. The returned quality improvement plan must report how the trust is going to meet the outcome of the staffing review for this setting, including timescales for recruitment of additional staff to meet the one to one and intensively staffed placements in this setting.

#### **Response by Registered Person(s) Detailing the Actions Taken:**

There are currently two posts with recruitment awaiting appointment. One to appoint a Nurse/DCW to support staff caring for service users with complex medical needs and another Band 3 support worker post which will be appointed from an existing waiting list. This should be completed by the end of December.

The Trust continues to regularly assess staffing levels against the Trust dependency tool and also to monitor need for service users requiring intensive support. As changes arise the Trust can uplift staffing for a period to allow for spikes in challenging behaviour to be managed in a safe and compassionate manner.

Where there are gaps in permanent staffing or to address sickness absence, agency staff are utilised. These staff have appropriate skills and experience and are used consistently to ensure that they have a good knowledge of service users, their needs and the centre programmes and routines.

Contingency plans are being drawn up to cover eventualities such as unforeseen high levels of staff absence etc, these will be shared with staff, clients, carers and RQIA. These should be in place by end December 2015.

### Recommendations

<b>Registered Manager Completing QIP</b>	Natalie Jackson	<b>Date Completed</b>	09/11/15
<b>Registered Person Approving QIP</b>	Tony Stevens	<b>Date Approved</b>	09/11/15
<b>RQIA Inspector Assessing Response</b>	Suzanne Cunningham	<b>Date Approved</b>	12/11/15

*\*Please complete in full and returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\**