



Shankill Day Centre  
RQIA ID: 11185  
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Belfast  
BT13 1FD

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**Unannounced Care Inspection  
of  
Shankill Day Centre**

**4 June 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 04 June 2015 from 11.00 to 14.45. Overall on the day of the inspection the Day Care Service 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>	0	1

The details of the QIP within this report were discussed with Jason McIlvenna, registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mr Martin Joseph Dillon	<b>Registered Manager:</b> Mr Jason McIlvenna
<b>Person in Charge of the Day Care Setting at the Time of Inspection:</b> Mr Jason McIlvenna	<b>Date Manager Registered:</b> 17 August 2010
<b>Number of Service Users Accommodated on Day of Inspection:</b> 28	<b>Number of Registered Places:</b> 30

## 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: the RQIA duty log and activity log for this day care setting was reviewed; and the quality improvement plan for the last care inspection undertaken on 28 July 2014 was reviewed. The setting had not sent any notifications of incidents to RQIA in compliance with regulation 29 prior to this inspection.

During the inspection the inspector met with six service users, two staff. No visiting professionals and or representatives/family members were present during the inspection. Five staff questionnaires and one service user questionnaire was returned to the inspector and the responses are included in this report.

The following records were examined during the inspection: three service users individual care records including care plans, assessments and review documentation; service user meeting records from August 2014 to March 2015; one complaint; the settings monthly monitoring visit records (regulation 28) from September 2014 to April 2015; the staff meeting records from November 2014 to April 2015; and sampled the settings incidents and accident records.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection dated 8 September 2015. The completed QIP was returned and approved by the specialist inspector.

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

Previous Inspection Statutory Requirements		Validation of Compliance
Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref: 21.4</b>	The registered manager should review the Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance with staff to ensure the staff are made aware of this guidance and its impact on their practice and improving service users outcomes.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This had been completed with the staff in the team meeting in November 2014. Minutes to evidence this were available and up to date at the time of inspection.	
<b>Recommendation 2</b>  <b>Ref: 23.3</b>	The registered manager should undertake a competency assessment of the staff left in charge of the day care setting in the manager's absence. The assessment should evidence they have sufficient knowledge, skills and experience to undertake to duties required and any training or concerns should be noted and a plan should be in place to address these.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The competency assessment had been developed for all day care settings in this programme of care. In this setting the staff had completed or were in the process of completing the assessment. The competency assessments were available and up to date at the time of inspection.	

### **5.3 Standard 5 - Care plan: Where appropriate service users receive individual continence promotion and support**

#### **Is Care Safe? (Quality of Life)**

There was a continence promotion policy and procedure in place and dated 23 June 2014 which was accessible for staff. The continence promotion policy and procedure reflects good practice and provides practical guidance for staff to effectively promote service users continence in the setting.

The discussions with staff and observation of staff showed staff actively seeking service user's views. Service user views were then incorporated into practice to meet needs and deliver the activity programme. Observation of staff showed service user choices and any issues of concern were acted on immediately and staff had responded to service user's needs with a caring and gentle approach. Staff were observed promoting the service users privacy and dignity when undertaking their caring role in the day centre.

The discussions with staff and review of processes that promote continence and meet continence needs provided evidence that staff are aware of continence products and Personal Protection Equipment (PPE). Staff clearly described continence care practice and this was consistent with the care plans inspected and infection control guidance.

The inspection included review of three service users individual needs assessment, risk assessments and care plans. These had been amended when changes occurred and kept up to date. This had ensured the plan accurately reflects at all times the needs and preferences of the service user. The needs assessment and care plan were appropriately signed. The inspection of detail regarding continence identified the information specifies service user choice and preferences, routines for personal and intimate care; and details regarding what products are used. There was written evidence the staff and manager had been involved in referring some service users to the continence service however, they had not always received the baseline assessment. Staff reported they now ask for the continence assessment, when available, to ensure staff are fully informed and have a baseline assessment which will assist them in identifying potential improvement or deterioration for individuals.

The manager had identified staff would benefit from training in the area of continence management and promotion. This was being arranged for the staff group; and in the meantime if the team have any concerns regarding continence management they will contact the district team for continence management.

The inspection included observations of the environment; there was no mal odour, the location / storage of PPE and continence products was appropriate to meet needs; and in keeping with infection control guidance.

In conclusion the inspection provided evidence that where there is an individual assessed need; service users receive individual continence promotion and support. Care is delivered individually to service users to ensure their care is responsive to their need and they feel safe in this setting.

### Is Care Effective? (Quality of Management)

The review of the environment evidenced there is supplies of continence products available to meet a range of continence needs in the setting. The day centre orders their own stock of products for each individual service user; this is kept discretely in a secure cupboard near the bathrooms. Discussion with staff revealed the staff were knowledgeable regarding each individual care plan and how best to meet assessed needs. Observation and discussions with staff provided evidence staff have unrestricted access to continence products; and observation showed there are adequate supplies of and ease of access to PPE for staff.

The discussion with staff and the manager revealed the staff use observations, staff discussion and notes to assist in identifying if there are any continence concerns. Staff confirmed they will consult with the service users and if appropriate the family to make enquiries regarding any needs identified. Information is sought from the appropriate professional or family to ensure the care plans are up to date and responsive to need. In conclusion the priority for staff is to support service users and improve outcomes for individuals. There is a process in place for staff to make referrals to the continence professional.

In conclusion staff were effectively responding to service users continence needs. Staff were caring in a way that ensured service users individual continence promotion and support needs were being met as was clearly detailed in their care plan. The inspection provided evidence the care was effective in meeting continence needs and promoting continence in this setting.

### Is Care Compassionate? (Quality of Care)

On the day of the inspection five of the staff on duty completed questionnaires. Five staff rated they were satisfied to very satisfied with arrangements for training regarding continence care and support from the multi-disciplinary team. Staff concluded care is safe in this regard. Five staff rated they were satisfied to very satisfied care is effective regarding access to continence products, PPE and delivering care as described service users care plans. Five staff rated they were satisfied to very satisfied care is compassionate including protecting service users dignity, privacy and respecting service users.

The inspection provided evidence staff are knowledgeable in the area of continence promotion and care. Staff plan to meet need and use a person centred approach when delivering care to ensure they meet promote individual continence needs where possible. In conclusion staff discussions, review of records and observation concluded staff Identify need and meet those needs in a compassionate and competent way.

### Areas for Improvement

No areas for improvement were identified regarding care plans and meeting individual continence promotion and support during this inspection.

<b>Number of Requirements</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.4 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? (Quality of Life)**

Discussion with service users provided examples of how service users feel listened to and responded to by staff who are knowledgeable about service users' individual communication needs. The inspection of seven service users' individual records evidenced the needs assessment, risk assessments and care plans had been kept under continual review; amended as changes occurred and kept up to date. In summary the documentation in the service user's individual record reflects the needs and preferences of the service user. The needs assessment and care plans had been appropriately signed. .

There are policies regarding:

- service users' meetings and forums & listening and responding to service users' views & communications with carers and representatives. These are all contained in the communications with service users / carers / representatives procedure which was reviewed 29 November 2013
- planning and reviewing programmes and activities and service user involvement in the day care service. This was reviewed on 21 July 2014
- communication arrangements with staff. This was reviewed on 29 November 2013
- safe and healthy working practices. This was reviewed in 2014.

During this inspection evidence was gathered from the settings meeting records with service users, monitoring reports, observation of staff communicating with service users, team meeting minutes, service user's individual records and discussion with service users and staff. This evidence showed staff do actively seek service users' and their representatives' views and the views were recorded and incorporated into practice to ensure choices, issues of concern; complaints or risks are recorded and acted on. In conclusion the inspection evidenced service users' involvement is evident in day to day practice in this setting. Service user involvement is used to ensure care is delivered in a safe way that is responsive to individual service user's needs.

### **Is Care Effective? (Quality of Management)**

The inspection of the service users records and service user meeting minutes provided evidence of the range of matters service users (or their representative) participate in, including making decisions about the individual and group care and support services they receive. This demonstrates service users are enabled to exercise choice and control over their lifestyle while not infringing on the rights of others.

Team meeting minutes were reviewed for April 2015, Feb 2015, and Nov 2014. There was reference to staff developing the teams approach to protecting service user's human rights and ensuring this is clearly detailed in care planning documents and processes. Deprivation of Liberty safeguards (DOLs) information was presented and discussed in the November meeting and the discussion had been continued in later meetings in the human rights discussions.

Discussions with six service users confirmed they feel very satisfied the care they receive is effective, they said staff know how to care about them and respond to their needs. Service users commented staff are “well trained”, “very attentive”, and “take time with us”.

During the inspection staff walked the inspector around the setting and showed the areas where intimate care is supported. During the tour the staff openly integrated examples of how service users’ dignity and privacy is respected and this was observed when staff supported a service user who was wandering. In summary observations and discussions provided evidence that service user’s preferences, privacy and dignity is prioritised during care. This had been promoted by staff discussing service user’s views, opinions and feedback; staff sharing knowledge; staff discussion; staff training; clear care planning and the manager’s promotion of the centres values.

During the inspection staff were observed informing service users that the inspection was taking place and encouraging service users to give their views about the standard of care delivered and the conduct of the day care setting to the inspector.

There were policies regarding:

- inspections of the day care setting
- consent
- listening and responding to service users’ views
- management, control and monitoring of the setting
- quality improvement
- complaints.

In conclusion there was a range of methods and processes which seek and report on service users’ and their representatives’ views such as the service users meeting records, monitoring reports, annual questionnaires; and service user’s individual records. Discussion with service users and staff provided assurance that these processes are familiar to them all as forums to discuss wishes, preferences and views. Furthermore service users are enabled to be involved in and given opportunities to influence the running of the day care setting. Therefore this is a day care setting that is effective in seeking service users’ views and comments. These are then used to shape the quality of services and facilities provided by the day care setting.

### **Is Care Compassionate? (Quality of Care)**

Discussions with six service users during the inspection identified they feel very satisfied the care they receive is compassionate, caring and supportive. Service users commented staff are “exceptionally good”, “excellent and very good”, “they couldn’t be any better, brilliant; exceptional”.

Observation of practice during the inspection identified staff integrate the settings values of meeting individual and group needs, staff enabled service users to exercise choice, they protected service users privacy, ensured the service users dignity was protected and respected service users choices. During the inspection staff kept service users informed about issues affecting them. In conclusion staff were knowledgeable and meeting needs using a person centred approach. This approach was a compassionate way of ensuring service users views, comments, preferences and opinions are used to shape the quality of services and facilities provided by the day care setting.



## Areas for Improvement

No areas for improvement regarding service user's involvement were identified during this inspection.

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

### 5.5.1 Monitoring reports

Monitoring reports were reviewed from September 2014 to April 2015: The records showed the monitoring officer is examining all of the issues required. Reports had identified progress regarding staff understanding of DOLs and the competency assessments for staff acting up in manager's absence.

### 5.5.2 Staff Training Records

Staff training records were not available for inspection and discussion with the manager revealed a record that was compliant with standard 21.8 had not been maintained, a recommendation was made in this regard.

## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Jason McIlvenna, 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

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 21.8</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 23 July 2015</p>	<p>The registered manager should develop a Staff training record that is compliant with this standard. The record should be available for future inspections. The returned QIP should confirm this record has been established, will be maintained, updated and available for future reference by staff or for inspection.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>Staff training individual records are maintained in individual staff files. However a central record is now kept in the day centre of all training including induction, and professional development activities undertaken by staff. The record includes</p> <ul style="list-style-type: none"> <li>* The names and signatures of those attending the training events</li> <li>* The dates of the training</li> <li>* The names and qualifications of the trainer or the training agency</li> <li>* Content of the training programme</li> </ul> <p>These can be found in the main office.</p>

<b>Registered Manager Completing QIP</b>	Jason McIlvenna	<b>Date Completed</b>	4/7/2015
<b>Registered Person Approving QIP</b>	Martin Dillon	<b>Date Approved</b>	4/7/2015
<b>RQIA Inspector Assessing Response</b>	<b>Suzanne Cunningham</b>	<b>Date Approved</b>	<b>17/08/15</b>

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