

# Inspection Report

## 24 November 2022



## North Belfast Day Centre

Type of service: Day Care Setting  
Address: 585-587 Crumlin Road, Belfast, BT14 7GB  
Telephone number: 028 9615 2585

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Belfast Health and Social Care Trust	<b>Registered Manager:</b> Mrs Suzanne Wilson
<b>Responsible Individual:</b> Dr Catherine Jack	<b>Date registered:</b> 23 May 2018
<b>Person in charge at the time of inspection:</b> Deputy Manager	
<b>Brief description of the accommodation/how the service operates:</b>  North Belfast Day Centre is a Day Care Setting with 50 places. The day care setting provides care and day time activities for adults with enduring mental health needs. Services are commissioned by the Belfast Health and Social Care Trust (BHSCT).	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 24 November 2022 between 10.00 a.m. and 3.00 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices, Dysphagia management and Covid-19 guidance was also reviewed.

Areas for improvement were identified which related to care plans for service users, the annual quality report, the inclusion of accurate Speech and Language Therapist (SALT) recommendations within care plans, the monthly quality monitoring reports and the Service User Guide.

An area for improvement identified at the previous inspection relating to assessments being signed by the service user and/or their representative was not met and will be stated for the third and final time.

Good practice was identified in relation to the training and supervision of staff.

### 3.0 How we inspect.

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body RQIA has 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 settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey for staff.

### 4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members.

The information provided indicated that there were no concerns in relation to the day care setting.

Comments received included:

#### Service users' comments:

- "I like the practical activities such as gardening and art."
- "The lunch is lovely. We get a choice of two options."
- "All staff are very good. They are very friendly."
- "A named support worker is a gentleman and deserves a pay rise."
- "I have my friends in the centre and we learn educational things."

#### Staff comments:

- "I find working here extremely rewarding."
- "This service is a lifeline for the service users."
- "We have set up groups to help build the insight for our service users."
- "Supervision is used for support in here and it is used regularly."

- “We have a good team.”
- “Training is my responsibility as well as my employers.”
- “Everyone who walks in here is treated with the utmost respect, dignity and integrity.”
- “We need an assessment tool for a baseline for our service users.”

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included:

- “It is a good support and service for me.”
- “The service continues to improve as it asks for feedback from service users.”
- “It helps me to mix with people.”
- “The centre used to have a pool table and I would like it back.”
- “The staff are very approachable and always there for everyone.”
- “It’s really good. Lovely staff with lots of interesting things to do.”

No staff responded to the electronic survey.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Due to the coronavirus (Covid-19) pandemic, the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services. An inspection was not undertaken in the 2020-2021 OR 2021-2022 inspection years, due to the impact of the first surge of Covid-19.

The last care inspection of the day care setting was undertaken on 9 January 2020 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was partially validated during this inspection.

Areas for improvement from the last inspection on 9 January 2020		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 26(4)(iii)(v)  <b>Stated:</b> Second time	The registered person shall make adequate arrangements for the evacuation, in the event of fire, of all persons in the day care setting and safe placement of service users and for reviewing fire precautions, and testing fire equipment, at suitable intervals.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> We reviewed the fire records and the day care setting had undertaken weekly and monthly fire alarm checks as well as a fire drill on 27/05/2022. The setting was noted to be	

	compliant with this regulation.	
<b>Area for Improvement 2</b> <b>Ref:</b> Regulation 28(4)(a) <b>Stated:</b> First time	<p>The registered person shall ensure that the person carrying out the visit shall interview, with their consent and in private, such of the service users and their representatives and persons employed in the day care setting as appears necessary in order to form an opinion of the standard of care provided in the day care setting.</p> <p><b>Action taken as confirmed during the inspection:</b>  A sample of the monthly monitoring reports were reviewed and there was evidence of consultations with service users, their relatives and other stakeholders.</p>	<b>Met</b>
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards\z (revised), 2021</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 22(2)(3)(5) <b>Stated:</b> First time	<p>The registered person shall ensure staff are supervised and their performance appraised to promote the delivery of quality care and services. Staff have recorded individual, formal supervision sessions according to the day care setting's procedures and no less than every three months. Supervision sessions are planned in advance and dedicated time set aside. Staff have a recorded annual appraisal with their line manager to review their performance against their job description, and to agree personal development plans.</p> <p><b>Action taken as confirmed during the inspection:</b>  All staff had received supervision and appraisals in line with the day care settings policy and procedure.</p>	<b>Met</b>
<b>Area for improvement 2</b> <b>Ref:</b> Standard 25.1 <b>Stated:</b> First time	<p>The registered person shall the premises and grounds are safe, well maintained and remain suitable for their stated person. The building is kept clean and hygienic at all times, and decorated to a standard acceptable for the service users.</p>	<b>Met</b>

	<b>Action taken as confirmed during the inspection:</b> The day care setting is using a cleaning service through the BHSCT and the standard of hygiene was of an appropriate standard.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 4.3  <b>Stated:</b> Second time	The registered person shall ensure that assessments are updated, as necessary, signed and dated by the service user, the member of staff responsible for its review and the registered manager.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> The day care setting did not have any care plans for service users therefore there was nothing to assess this standard against. This area for improvement will be stated for the third and final time.	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 12.1  <b>Stated:</b> Second time	The registered person shall ensure that a transport assessment has been undertaken as appropriate with individual service users and takes into consideration factors as outlined in standard 12.1.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Transport assessments had been undertaken for every service user which took into consideration Covid-19.	

## 5.2 Inspection findings

### 5.2.1 Are there systems in place for identifying and addressing risks?

The day care setting's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the person in charge established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours. They could also describe their role in relation to reporting poor practice and their understanding of the day care setting's policy and procedure with regard to whistleblowing.

The day care setting retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The day care setting had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The person in charge reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

There was no evidence that service users had a care plan which identified their needs. The person in charge discussed the wellbeing star chart, however this was not a robust care plan; it was utilised as a tool to assess the progress of the service user however it was noted that this had also not been completed with service users. It is important to note that staff raised this as an issue during feedback. An area for improvement has been identified in this regard.

The staff within the day care setting do not administer medication to service users therefore medicines management training was not offered.

Records examined identified that a number of safety checks and audits had been undertaken including fire alarm tests. It was noted that the last full evacuation drill was undertaken on the 27 May 2022. Fire risk assessments for the centre were available for the inspection and had been completed on 10 November 2022. Staff fire training was completed on the 31 August 2022. During the inspection fire exits were observed to be clear of clutter and obstructions.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate DoLS training appropriate to their job roles. The person in charge reported that none of the service users were subject to DoLS. A resource folder was available for staff to reference.



### 5.2.2 What are the arrangements for promoting service user involvement?

As noted in 5.2.1, care plans were not created for any of the service users. Service users should have an input into devising their own plan of care. The care plans should contain details about their likes and dislikes and the level of support they may require. Care and support plans should be kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur. An area for improvement has been identified in this regard however subsumed into the area for improvement identified in 5.2.1.

It was positive to note that the day care setting had service user meetings on a regular basis which enabled the service users to discuss what they wanted from attending the day centre and any activities they would like to become involved in. Some matters discussed included:

- Mindwise group
- Centre closure dates
- Groups for Autumn 2022 – aromatherapy, creative groups
- Tea Party for World Mental Health Day
- Fishing group.
- Fire evacuation
- Covid update.

The day care setting had not completed an annual review for 2021/22 in relation to their practice which incorporated service user and their representatives' feedback (Regulation 17). This report should be disseminated to all of the service users, in a format which best met their communication needs. The report for the period 2020/2021 was reviewed and was not in a format which best met the communication needs of the service users. This was discussed with the person in charge and assurances were provided that the format would be more service user friendly. An area for improvement has been identified in this regard.

### 5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. The day care setting had a folder which contained the SALT assessments for the service however due to the day care setting not having care plans for service users, the recommendations were not recorded on any other document relating to the service users. An area for improvement has been identified in this regard.



#### **5.2.4 What systems are in place for staff recruitment and are they robust?**

A review of the day care setting's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC). There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no volunteers working in the day care setting.

#### **5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?**

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the day care setting's policies and procedures. There was a robust, structured, three day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the day care setting of the person's capability and competency in relation to their job role.

A review of the records pertaining to Regulation 20 of The Day Care Settings Regulations (Northern Ireland) 2007 and Standard 21 of The Day Care Settings Minimum Standards 2021 relating to staff also identified that they had been recruited, inducted and trained in line with the regulations.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. The person in charge was advised to discuss the post registration training requirement with staff to ensure that all staff are compliant with the requirements.

#### **5.2.6 What are the arrangements to ensure robust managerial oversight and governance?**

We reviewed a sample of the monthly quality monitoring reports which are designed to ensure that the day care setting is providing a good quality of care and drive improvement. The reports should identify any deficits in staff records, service user records and provide an analysis of any patterns or trends contained within the information.

It was noted that the reports lacked sufficient detail in relation to the quality of the service being delivered. The reports did not refer to or assess the progress with RQIA's Quality Improvement Plan that was identified at the previous inspection. Where action plans which required to be addressed by the manager were set out within the reports, the action plan being reviewed

differed from the plan identified at the previous visit. An area for improvement has been identified in this regard.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The day care setting's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. The day care setting had not received any complaints since the last inspection.

The Statement of Purpose required updating with RQIA's contact details and those of the Patient Client Council and the Northern Ireland Public Ombudsman's Office. The person in charge was also signposted to Part 2 of the Minimum Standards, to ensure the Statement of Purpose included all the relevant information. The person in charge agreed to submit the revised Statement of Purpose to RQIA within two weeks of the inspection. This was received and was satisfactory.

It was noted that the day care setting did not have a Service User Guide in place compliant with Regulation 5 of The Day Care Setting Regulations (Northern Ireland) 2007. An area for improvement has been identified in this regard.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007 and Day Care Settings Minimum Standards, (revised), 2021.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	5	1*

\* the total number of areas for improvement includes one standard that has been stated for a third time.

Areas for improvement and details of the QIP were discussed with the person in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 16(1)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from the date of inspection and ongoing	<p>The registered person shall ensure that a written care plan is prepared in consultation with the service user or the service user's representative as to how the service user's needs in respect of their day care are to be met.</p> <p>Ref: 5.2.1 and 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>            A person centred care plan is now in place and will be formulated in conjunction with each service user and their representative if they wish, in relation to their individual needs whilst attending day care.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 17(1)(a)(b)(2)(3)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from the date of inspection and annually	<p>The registered person shall ensure that the quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.</p> <p>This report should be in a format which is suitable for the service users to understand.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>            The annual report has been updated accordingly and this will be available in an accessible format for service users to read if they would like to.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 16(2)(b)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from the date of inspection and ongoing	<p>The registered persons shall ensure that the risk assessments and care plans are reflective of the International Dysphagia Diet Standardisation Initiative (IDDSI), as indicated on the Speech and Language Therapist (SALT) care plan.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            Identified swallowing needs as indicated by SALT assessment outcomes will be recorded on the personalised care plan.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 28(4)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection and ongoing</p>	<p>The registered person shall ensure that the person carrying out the monitoring visit shall inspect the premises of the day care setting, its record of events and records of any complaints as well as other records relevant to the day care setting. The QIP identified by RQIA at the previous inspection should also be included and reviewed to assess the progress with same. Where actions are identified, these should be reviewed at the next visit to drive improvement.</p> <p>Ref: 5.2.6</p> <p><b>Response by registered person detailing the actions taken:</b> The inspection and QIP will be reviewed at monthly monitoring visits, any outstanding actions will be reviewed. Any records of events are available to view during this visit.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 5(1)(a)(b)(c)(d)(e)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection and update when changes occur</p>	<p>The registered person shall produce a written guide to the day care setting which shall include—</p> <ul style="list-style-type: none"> <li>• a summary of the statement of purpose;</li> <li>• the terms and conditions in respect of the services in the day care setting to be provided for service users, including details of the amount and method of payment of fees if appropriate;</li> <li>• a standard form of contract for the provision of care and facilities by the registered provider to service users;</li> <li>• a summary of the complaints procedure established under regulation 24;</li> <li>• the address and telephone number of the Regulation and Improvement Authority.</li> </ul> <p>Ref: 5.2.6</p> <p><b>Response by registered person detailing the actions taken:</b> An induction pack has been updated including the above recommendations.</p>
<p><b>Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4.3</p> <p><b>Stated:</b> Third time</p> <p><b>To be completed by:</b> Immediately from the date of inspection and ongoing</p>	<p>The registered person shall ensure that assessments are updated, as necessary, signed and dated by the service user, the member of staff responsible for its review and the registered manager.</p> <p>Ref: 5.1</p> <p><b>Response by registered person detailing the actions taken:</b> Care plans will be reviewed at a minimum annually or sooner if required depending on circumstances or changes of needs. Care plans will be agreed and signed by all relevant persons.</p>

*\*Please ensure this document is completed in full and returned via Web Port*



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