

Unannounced Care Inspection Report 21 March 2019



Woodlands Centre

Type of Service: Day Care Service
Address: 9 Woodland Avenue, Belfast, BT14 6BY
Tel No: 028 95043020
Inspector: Heather Sleator

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

This is a Day Care Setting with places for up to 30 service users. Care and daytime activities are provided for people with one or more of a wide range of health, physical disability, learning disability, sensory impairment, social isolation or mental health needs.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust	Registered Manager: Ms Marie Quigley
Responsible Individual: Mr Martin Joseph Dillon	
Person in charge at the time of inspection: Leaonia Simpson- Senior Day Care Worker	Date manager registered: 21 September 2010
Number of registered places: 30	

4.0 Inspection summary

An unannounced inspection took place on 21 March 2019 from 10.00 to 14.45 hours.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

The inspection assessed progress with any areas for improvement identified 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 culture and ethos of the service, listening to and valuing service users, taking into account their views, choice and preferences. Good practice was demonstrated regarding the provision of therapeutic activities and recreational opportunities. Overall there was evidence of good governance arrangements; staff training, professional development opportunities, supervision and appraisal, management of accidents/incidents and complaints, continuous quality improvement and effective team working.

An area for improvement was identified under regulations regarding the repair of the water damage to the ceiling of the dining room.

Areas for improvement were identified under the care standards regarding; the flooring in the main lounge/activity room, the malodour in the identified area, the presentation of information within the centre to assist service users, providing service users and visitors of information in relation to the adult safeguarding arrangements and evidence of the review of service users care/support plans on at least an annual basis.

Service users said that they enjoyed the centre, liked coming to see their friends (staff included) and were spontaneous in their interactions with other service users and staff.

A service user said:

“I really respect the staff here”

The findings of this report will provide the day care 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	1	5

Details of the Quality Improvement Plan (QIP) were discussed with Leonia Simpson, Senior Day Care Worker (Acting), as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 30 March 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 30 March 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration details of the day care centre
- incident notifications submitted to RQIA since the last care inspection
- unannounced care inspection report and QIP of 30 March 2018.

During the inspection the inspector- met with:

- the person in charge, Leonia Simpson
- four staff
- eight service users on an individual basis
- observation of a morning and afternoon activity
- two external activities coordinators

Questionnaires were given to the staff on duty to distribute between service users and relatives. There were eight questionnaires completed and returned within the specified timescale from service users. The person in charge was provided with a poster to be displayed in the service advising of how staff could complete electronic questionnaires and submit these to RQIA. Five questionnaires was completed and returned by staff.

The following records were examined during the inspection:

- three service users' care records
- a sample of daily staff room rota
- two completed staff competency and capability assessments
- the complaints and compliments records

- incidents and accidents records
- the minutes of service user self-advocacy group meetings
- the minutes of staff meetings
- supervision and annual appraisal planner
- three monthly quality monitoring reports
- a staff training matrix
- quality audits/governance arrangements for the centre
- the completed quality questionnaires completed by service users of 2018
- the annual fire safety risk assessment dated April 2018
- records of fire drills undertaken during 2018
- the Statement of Purpose and Service User Guide
- the annual quality report of 2017/2018

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 person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 30 March 2018

The most recent inspection of the day centre 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 3 March 2018

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 17.11 Stated: First time	The registered manager shall ensure that an annual quality report is developed for 2017/18 and thereafter each year.	Met
	Action taken as confirmed during the inspection: The annual quality report for 2017/2018 was available and viewed. Evidence was present of consultation with service users.	

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 staff duty roster/daily work plan reflected the staff on duty, capacity and time worked was viewed. Staff and service users are allocated to specific activities; the staffing arrangements are to promote continuity of care and support and to build on the relationship between the service users and staff. There were three completed satisfaction questionnaires from service users returned to RQIA and no issues regarding the staffing arrangements were raised. We met with service users who expressed their satisfaction with the staff and staffing arrangements. One service user commented; "I really respect the staff here." No issues were raised by staff in respect of the staffing arrangements and there were five completed staff questionnaires were returned to RQIA within the specified timescale. The respondents indicated that they were either satisfied or very satisfied with the staffing arrangements.

Competency and capability assessments had been completed for any person in charge of the centre in the absence of the registered manager; records of assessments retained and samples reviewed were found to be satisfactory.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff were provided. A schedule for mandatory training, annual appraisal and staff supervision was maintained and was reviewed during the inspection. Staff, who supervise others, for example the registered manager and senior day care worker, had completed training in supervision and appraisal.

The senior day care worker explained that all staff recruitment records were retained at the Belfast Health and Social Care Trust (BHSCT) human resource department. The senior day care worker stated that to her knowledge electronic confirmation of compliance with employment legislation as set within The Day Care Setting Regulations (Northern Ireland) 2007 and Department of Health (DoH) Day Care Settings Minimum Care Standards (2012) were provided to the centre's registered manager prior to new staff commencing duty. However, the senior day care worker didn't have access to this information to confirm the arrangements at the time of the inspection.

Arrangements were in place to monitor the registration status of care staff with their professional body with monitoring records retained. The registration status of staff is also monitored at supervision.

We were advised that the use of restrictive practices was very limited for example service users who are wheelchair users may use lap belts (their own choice and decision) and one to one staffing arrangements for service users where there is assessed need. Discussion regarding such restrictions confirmed these were appropriately assessed, minimised and reviewed with the involvement of the multi-professional team, as required.

Discussion with staff and inspection of records confirmed that staff had a good understanding of adult safeguarding principles and their obligation in relation to raising awareness concerns about poor practice and whistleblowing. A review of staff training records evidence that

mandatory training in adult safeguarding had been provided for all staff. The review of records evidenced that there had been no safeguarding referrals made from the previous inspection in March 2018. The registered manager was the safeguarding champion for the centre and had completed the required training. It would be helpful if information in relation to the safeguarding procedures were displayed in the centre for service users' and visitors information. The first point of contact namely the safeguarding champion should be identified and contact details stated. This has been identified as an area for improvement under the care standards.

There were some notice boards throughout the centre providing service users, relatives and staff with information regarding activities, photographs of activities and events and information leaflets. However the information written on the notice boards was visually difficult to read due to the volume of information stated and the lack of a colour contrast, for example; notice boards were white and black writing. In the spirit of transparency and good communication information for others should be presented in a manner which is clear and eye catching so as to facilitate the needs of service users who may have communication or sensory limitations. This has been identified as an area for improvement under the care standards.

The Woodlands Centre premises were generally well maintained and most areas were in good decorative order. There are several rooms, of varying sizes, available for group activities and for individual work with service users, when necessary. There is a small garden area to the front of the centre is paved to enable service users to access it safely and is a popular place in the better weather. We observed water damage to the ceiling in the dining room resulting in one light being out of use. All areas of the centre should be fit for purpose and the water damage must be made good. This has been identified as an area for improvement under regulation. The floor covering (carpet) in the main lounge/activity area evidenced significant wear and tear and in its current state may not be conducive to meeting the needs of service users with mobility or sensory limitations and should be replaced. This has been identified as an area for improvement under the care standards. A strong malodour was present in the staff WC which may have been due to the drainage system. This should be explored and made good and has been identified as an area for improvement under the care standards. The senior day care worker, service users and staff, who met with the inspector, confirmed that they have confidence in the practice of all members of the staff team in their work with service users. All of these staff members had been employed in the centre for lengthy periods and expressed strong commitment to their work with service users, which, they confirmed, is enjoyable and rewarding

Fire safety precautions were inspected and it was noted that fire exits were unobstructed. The most recent report from the fire risk assessor was viewed and dated April 2018. The fire safety records evidenced that there had been a number of fire drills and staffs attendance was recorded to evidence the required number of fire safety training events per year had been complied with.

Service users spoken with during the inspection gave positive feedback in regard to the safe care provided. No issues or concerns were raised or indicated. A service user commented: "Staff go out of their way to help you."

Areas of good practice

Examples of good practice found throughout the inspection included: staff work rotas, staff induction, staff training, adult safeguarding, fire safety records, risk assessment and service user and staff engagement.

Areas for improvement

An area for improvement was identified under regulation regarding the water damage in the dining room.

Areas for improvement were identified under the care standards regarding, the flooring in the main lounge/activity room, the malodour in the identified area, the presentation of information within the centre to meet the needs of the service users and providing service users and visitors of information in relation to the adult safeguarding arrangements.

	Regulations	Standards
Total number of areas for improvement	1	4

6.5 Is care effective?

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

A review of three service users' records confirmed that these were maintained in line with the legislation and standards. They included an assessment of need, life history, risk assessments, care plans and regular statement of health and well-being of the service user. Care needs assessment and risk assessments, including falls, moving and handling were reviewed and updated on a regular basis or as changes occurred. However, the need for a more consistent approach to the review of service users care needs/support plans was evident as not all those viewed evidenced that they had been reviewed at least annually. This has been identified as an area for improvement under the care standards.

The records also reflected the multi-professional input into the service users' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual service users. Service users and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the service user and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice and staff demonstrated their knowledge of individual service users throughout the inspection. Audits of care records were conducted with random selection reviewed at staff supervision and monthly monitoring visits.

An individual agreement setting out the terms of placement were in place and appropriately signed. Records were stored safely and securely in line with data protection.

We confirmed that systems were in place to ensure effective communication with service users, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, service users' meetings and staff meetings. The staff and a service user's representative confirmed that management operated an "open door" policy in regard to communication within the day centre.

Service users spoken with and observation of practice during a morning and afternoon activity evidenced that staff were able to communicate and engage effectively with service users. Minutes of service users' meetings were viewed during the inspection. Consideration should be given to looking at how all service users are aware of the outcome of any meeting for example; displaying the minutes or the use of a newsletter.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the service users. The senior day care worker confirmed that arrangements were in place, in line with the legislation, to support and advocate for service users.

Service users spoken to commented:

“Because we’re small everyone knows and helps each other.”
 “Staff are brilliant and the people are lovely.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users, staff and service users’ representatives.

Areas for improvement

An area for improvement was identified under the care standards regarding evidencing that service users care/support plans are reviewed at least annually or as and when needs change.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

On the day of this inspection, the atmosphere in centre was welcoming and purposeful and service users, arriving at the centre, were greeted warmly by their friends and by staff members. Observations of interactions throughout the day provided evidence of service users relating positively to staff and to each other. Service users were engaged by staff with respect and encouragement at all times. While service users were assigned to specific groups and activities in both morning and afternoon sessions, staff respected the wishes of any person who did not wish to participate.

Activities, such as art, cooking, music, quizzes, crafts and board games were part of the weekly programme. Two external providers led the afternoon art class, this was well attended and thoroughly enjoyed by the service users. Several service users joined in discussions around the activity table in the craft room and the ‘gentleness club’ in the dining room. They confirmed that staff listen to them and encourage them to take a full part in developing their plans for day care. Activity programmes are organised with each individual’s agreement and service users contributed positive comments on its value to them. A service user commented very positively about a creative writing course which had recently started. Staff demonstrated an understanding of each service user’s needs as identified within the individual’s referral records, assessments and his or her care plan. Staff members were observed interacting sensitively with service users and being attentive to each person’s needs.

The systems in place to ensure that the views and opinions of service users were sought and taken into account included regular service user meetings, an annual quality survey of service users and their carers or relatives and daily discussions with service users in groups or individually. The minutes of the service users meetings provided evidence of a strong focus on involving and empowering service users to contribute to decisions about the way in which the day care service is run. Preparation for each person's annual review included a meeting with the key worker to discuss the value of attending the centre and appropriateness of the existing programme of activities.

During each monthly monitoring visit the views of a sample of service users were sought and their views were reflected in good detail in all four of the monthly monitoring reports that were reviewed. Each person's file contained progress notes relating to that person's involvement and wellbeing and these reflected the caring nature of the relationships and interactions observed during the inspection. Staff members' comments and actions, along with the views expressed by service users, and confirmed that compassionate care was being provided consistently in the Woodlands Centre.

Service users spoken with during the inspection made the following comments:

- "If I had a problem I'd say to any of the staff, they're all good."
- "Staff are brilliant and the people are lovely."
(Staff) go out of their way to help you."
- "I really respect the staff here."
- "Because we're smaller everyone knows and helps each other."
- "(Manager) comes and talks to us when we're in the woodwork room."

There were three completed questionnaires returned to RQIA from service users. The respondents indicated that they were very satisfied that care was safe, effective, and compassionate and that the service was well led. There were no additional comments made on the returned questionnaires. There were five completed questionnaires returned to RQIA from staff. The respondents indicated that they were satisfied that care was safe, effective, and compassionate and that the service was well led. There were no completed questionnaires to RQIA from service users' representatives.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the centre, listening to and valuing service users and taking account of their views.

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 centre's statement of purpose and service users guide fully and accurately reflected the regulations and care standards. A senior day care worker, Leaonia Simpson, facilitated the inspection and demonstrated a very good understanding of The Day Care Setting Regulations, minimum standards and the systems and process in place for the daily management of the day centre. A wide range of documentary evidence to inform the inspection's findings, including minutes of staff meetings, service users meetings, monitoring reports, audit records, work rotas, client files, staffing information and written policies and procedures were made available. We discussed a range of the centre's current strengths and the aspects that require further development, as identified in 6.4 and 6.5.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Service users and/or their representatives were made aware of how to make a complaint by way of meetings, service user's guide and trust information leaflets displayed. The review of records evidenced that complaints received had been fully investigated and resolved to the complainant's satisfaction.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

A monthly monitoring visit was undertaken in accordance with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. Records of the past three months were reviewed, the reports showed the visits were unannounced, provided a view regarding the conduct of the setting, included outcomes/action plans and qualitatively reflected service users and staff views and opinions.

Woodlands Centre and the Belfast Health and Social Care Trust have systems in place to ensure that staff were well-informed on the responsibilities of their roles and the expected standards of practice. Staff confirmed that there were good working relationships within the day centre and that the registered manager was always responsive to suggestions and/or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of accidents/incidents, ongoing quality improvement 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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Leonia Simpson, Senior day Care Worker, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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 the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 26 (2) (b) Stated: First time To be completed by: 1 June 2019	<p>The registered person shall ensure that the water damage observed to the ceiling in the dining room is made good and that the lighting in this room is fully operational.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The Estates Department have assessed the damage and work has begun to complete the repairs.</p>
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 25.3 Stated: First time To be completed by: 1 July 2019	<p>The registered person shall ensure that the flooring (carpet) in the main lounge/activity room is replaced and is suitable to the needs of the service users.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Estates Department have approved replacement of carpet in the main lounge and will fit slip resistant vinyl flooring.</p>
Area for improvement 2 Ref: Standard 25.1 Stated: First time To be completed by: 1 May 2019	<p>The registered person shall ensure that the cause of the malodour in the staff facility is investigated and made good.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Consulted with Management in the Estates Department, we were advised to initiate a daily flushing regime in order to keep pipework odour free. This has been established.</p>
Area for improvement 3 Ref: Standard 13.2 Stated: First time To be completed by: 1 May 2019	<p>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.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A notice board has been procured specifically for this information. Easy read leaflets available. Details of safeguarding champion available and contact details displayed.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 8.1</p> <p>Stated: First time</p> <p>To be completed by: 1 June 2019</p>	<p>The registered person shall ensure that information presented and available to service users is in a suitable format, is clearly written and is suitable to the range of service users' needs.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Notice boards have been cleared of clutter. Information displayed to increase contrast for those with low vision. Information is presented in a clear and concise format.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 5</p> <p>Stated: First time</p> <p>To be completed by: 1 May 2019</p>	<p>The registered person shall ensure that service users care/support plans clearly evidence that they have been reviewed at least annually and/or as and when needs change.</p> <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: Discussed this area of improvement with day care workers, emphasised care plans should provide clear evidence of the care planned, the decisions made, the care delivered and the information shared. Care plans which are not current place service users at risk of receiving inappropriate care and treatment. Day care workers have reviewed all care plans to ensure they are up to date.</p>

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



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