Day Care Inspection Report
23 January 2017

Woodlands Centre

Type of service: Day Care Service
Address: 9 Woodland Avenue, Belfast, BT14 6BY
Tel no: 02895043020
Inspector: Priscilla Clayton

1.0 Summary

An unannounced inspection of Woodlands Centre took place on 23 January 2017 from 10.00 to 16.00 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day care centre was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Evidence in place regarding this domain was gained from service users, staff and one visiting professional who spoke with the inspector, records examined, availability of associated policies/procedures, accident/incident records and staff training. Analysis of completed satisfaction questionnaires returned to RQIA within the timescale indicated that service users, staff and relatives were satisfied that the care provided was safe.

One requirement made for improvement related to ensuring that recommendations made within the fire risk assessment, dated 14 April 2015, are addressed and recorded as actioned. A copy of the signed recommendation is to be forwarded to RQIA alongside the returned QIP.

Four recommendations identified for improvement related to the recording of staff duty hours within the duty roster; development of a staff training matrix to provide ease of access to the manager for monitoring and audit purposes; undertaking of competency and capability assessments of staff delegated to be in charge when the manager is out of the premises; review and revision of the adult safeguarding policy.

Is care effective?

Evidence in regard to this domain was gained from discussion with staff, service users and one visiting professional, care records, minutes of service users meetings, minutes of staff meetings, audits conducted and monthly monitoring reports. Analysis of completed satisfaction questionnaires returned to RQIA within the timescale indicated that service users, staff and relatives were satisfied that the care provided was effective.

Two recommendations were made for improvement within this domain. Firstly, ensure care plans are signed by the service user/representative. This recommendation was restated for a second time from the previous inspection. The second recommendation made related to the provision of individual service user agreements which should be signed and dated by the service user/representative and the manager.

Is care compassionate?

There was strong evidence that the care provided was compassionate from observation of staff interactions with service users, discussions with staff and service users who met with the inspector. Staff explained that there was a culture/ethos within the centre which supported core values as reflected within the service user guide and statement of purpose.

There was a range of policies and procedures in place which supported the delivery of compassionate care.

Analysis of completed satisfaction questionnaires returned to RQIA within the timescale indicated that service users, staff and relatives were satisfied that the care provided was compassionate.

No requirements or recommendations were made in this domain..

Is the service well led?

Evidence within this domain was obtained from records examined including; internal quality audits undertaken, provision of staff supervision/appraisal, staff meetings, mandatory training and professional development and positive feedback received from staff, service users and one visiting professional.

Analysis of completed satisfaction questionnaires returned to RQIA within the timescale indicated that service users, staff and relatives were satisfied that the service was well led.

Recommendations made for improvement included; review of hard copies of policies/ procedures held to ensure these match electronic corporate policies. The second recommendation related to ensuring that two signatures are obtained when transactions take place for all transactions undertaken by staff on each service user's behalf are maintained.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	7

Details of the Quality Improvement Plan (QIP) within this report were discussed with Marie Quigley, registered manager, 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 19 and 22 February 2016.

2.0 Service details

Registered organization/registered person: Belfast HSC Trust/Martin Joseph Dillon	**Registered manager:** Marie Quigley

Person in charge of the service at the time of inspection: Marie Quigley	**Date manager registered:** 21 September 2010

3.0 Methods/processes

Prior to inspection RQIA analysed the following records:

- Previous care inspection and QIP dated 19 and 22 February 2016
- Accident/incident notifications
- Correspondence.

During the inspection the inspector met with 12 residents, two care staff and one visiting professional.

An inspection of the internal environment was undertaken.

The following records were examined during the inspection:

- RQIA registration certificate
- Statement of purpose
- Service user guide
- Selection of policies and procedures including those in respect of adult safeguarding, whistleblowing, staff recruitment, complaints and infection prevention and control
- Staff training
- Staff meetings
- Staff supervision and appraisal
- Service user meetings
- Monthly monitoring visits
- Staff duty roster
- Care records x 3
- Complaints
- Accidents/incident.
- Fire risk assessment
- Annual quality review report.

Fifteen satisfaction questionnaires were provided for distribution to service users (5), staff (5) and relatives (5). Ten satisfaction questionnaires were completed and returned to RQIA within the timescale. Three were returned from staff, three from service users and four from relatives. All responses were positive in regard to the provision of safe, effective, compassionate care and a well led service

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection

The most recent inspection of the day centre was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 19 and 22 February 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 29 **Stated:** First time	The registered manager must ensure accidents and untoward incidents are reported to RQIA in accordance with Regulation 29.	**Met**
	Action taken as confirmed during the inspection: The manager demonstrated knowledge and understanding of events which require to be notified to RQIA and confirmed that the staff member delegated to be in charge when she is out of the premises was reminded of what is required to be notified to RQIA.	
Last care inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 4.4 **Stated:** First time	The registered manager should ensure service user's assessments are current and put in place systems for these to be reviewed at least yearly or when changes occur. The three identified assessments should be updated.	**Met**
	Action taken as confirmed during the inspection: The manager confirmed that this matter was addressed with staff. Three files reviewed contained a record of the annual review.	
Recommendation 2 **Ref**: Standard 5.2 and 5.6 **Stated:** Second time	With regards to service user's care plans, the registered manager should ensure: (a) The identified care plans are reviewed and updated. (b) Care plans should accurately reflect the support and assistance provided by staff regarding continence promotion.	**Partially Met**

	(c) When a care plan is updated, the service user and manager re-sign and date these.	
	Action taken as confirmed during the inspection: Three care records reviewed contained care plans which had been reviewed. Interventions to meet identified needs were recorded. However, as discussed with the manager not all revised care plans were dated and signed. Review of all care plans was recommended to ensure these are shared with the service user/ relative, dated and signed.	
Recommendation 3 **Ref**: Standard 8.4 and 8.5 **Stated:** First time	The registered manager should ensure: (a) Service users' and where appropriate their representatives receive an annual survey regarding the quality of the day service in Woodlands Centre. This should include questions covering transport, how service users are treated by staff; activity provision; lunch meal and the centre's environment. (b) An evaluation report is completed and shared with service users and their representatives which identifies the methods used to obtain the views and opinions of service users'; incorporates the comments made; if there were any issues raised by service users and any actions taken in response. (c) Records should be made of when (b) is shared with service users and where appropriate their representatives.	**Met**
	Action taken as confirmed during the inspection: A service user satisfaction survey was undertaken during May 2016. Fifty six questionnaires were distributed with 20 responses returned. The outcome report reflected positive responses ranging from 80% - 90% satisfaction in responses received. The manager confirmed the report and action plan was posted to all service users.	
Recommendation 4 **Ref**: Standard 14.10 **Stated:** First time	The registered manager should ensure Woodlands Centre's complaints record contains: (a) Details and outcome/s of investigations.	**Met**

	(b) Communications with complainants. (c) The areas of concern expressed by the identified service user during the inspection.	
	Action taken as confirmed during the inspection: Discussion with the manager and examination of complaints records evidenced that no complaints were received. The manager confirmed that no complaints were received since the previous inspection and that full details as recommended would be recorded if any were received. In regard to section (c) the manager explained the person referred to in this matter was not making a complaint and that there were no issues in regard to staffing.	
Recommendation 5 **Ref**: Standard 13.7 **Stated:** First time	With regards to safeguarding vulnerable adults; the registered manager should ensure: (a) copies of safeguarding concerns including referral documentation; details of the investigation, the outcome and action taken are retained in the service user's care file. (b) A tracking and audit system should be devised to monitor the number and details of safeguarding vulnerable adult referrals made and the outcomes of same. This should be made available for inspection purposes.	**Met**
	Action taken as confirmed during the inspection: Safeguarding documentation records were held within service user files. Outcome of investigations has been requested from the trust safeguarding team. Tracking reports were in place.	
Recommendation 6 **Ref**: Standard 22.2 **Stated:** First time	The registered manager should ensure consistently used agency care staff receives formal supervision with regards to their work with service users attending Woodlands Centre.	**Met**
	Action taken as confirmed during the inspection: The manager explained that tripartite meetings are held with provider. Any consistently used agency staff would have supervision.	

4.3 Is care safe?

Discussion with the manager confirmed that staff employed were sufficiently qualified, competent and experienced to meet the assessed needs of service users. Staff who met with the inspector demonstrated good understanding of their roles and responsibilities in meeting the needs of service users.

Named staff who work in the centre was recorded within the duty roster examined. One recommendation made related to ensuring that the actual hours worked is recorded.

The corporate recruitment and selection policy and procedure, dated June 2016, was in place. Staff employment selection and recruitment records were held within the Belfast Trust human resource department. The manager confirmed that all appointments made were in keeping with the trust policy/procedures and that all necessary documentation checked and in place before a new employee would commence work. Access NI disclosures are viewed prior to commencing employment.

The recruitment aspect of procedures was confirmed by staff members who met with the inspector.

Induction records reviewed contained a comprehensive account of the standard to be achieved. Induction programmes were noted to be signed and dated by the staff member and mentor on the achievement of each activity. Electronic corporate policies and procedures on staff recruitment, selection and induction were available.

Mandatory staff training was discussed with the manager and staff. Training provided included adult safeguarding and whistleblowing. Staff confirmed that mandatory training was ongoing alongside other professional development opportunities including swallowing awareness, consent and capacity and human rights awareness. One recommendation made related to the development of a staff training matrix to provide ease of access to the manager for monitoring and audit purposes.

The undertaking of competency and capability assessments of staff in charge when the manager is out of the centre was discussed with the manager who explained that only experienced staff would be delegated to be in charge. One recommendation made related to the undertaking and recording of competency and capability assessment of staff delegated to be in charge.

The manager confirmed that no safeguarding allegations were currently active and should any arise the correct procedure would be followed in accordance with BHSCT policy and procedure. Staff training in adult safeguarding was provided on a two yearly basis. One recommendation made related to review and revision of the safeguarding policy/procedure to ensure that this is in keeping with the regional policy entitled “Adult Safeguarding Prevention and Protection in Partnership” issued by the Department of Health (DOH) 2015. Staff refresher training on the new regional policy will also be necessary (4). In addition review of hard copies of policies/ procedures held is recommended to ensure these match electronic corporate policies was recommended.

The manager and staff confirmed that no restrictive practice takes place in the centre. Electronic policies and procedures on restrictive practice were in place and available to all staff.

The manager confirmed that all care staff with the exception of one was registered with Northern Ireland Social Care Council (NISCC). Application for the non-registered staff member was being processed. The manager was aware that all care staff registrations must be in place by 31 March 2017. A process for the monitoring of staff registrations is to be established.

Necessary infection protection and control measures were in place with a good standard of hygiene observed throughout the centre. Measures included, for example; "seven step" hand hygiene notices positioned at most wash hand basins, availability of disposable gloves and aprons; provision of staff training in infection, prevention and control, and availability of electronic trust policies/procedures on infection prevention and control. The manager had arranged to have two hand washing notices placed within the male toilet and assisted shower room.

An inspection of the centre was undertaken. All areas were observed to be clean, tidy, organised and appropriately heated. COSHH substances were noted to be securely stored. All fire doors were closed and exits unobstructed. The centre's fire risk assessment, dated 14 April 2015, was reviewed. One requirement was made in this regard as it was noted that recommendations to be actioned were not signed as having been addressed. A copy of the signed/dated addressed recommendations is to be submitted to RQIA with the returned QIP from this report.

Two care staff who met with the inspector gave positive feedback in regard to the provision of safe care and confirmed that staff training, supervision, appraisal and staff meetings were provided and ongoing. Staff and one visiting professional explained that there was very good multi-professional working in the planning and monitoring of care.

Three service users' care records provided showed that risk assessments, based on assessed needs, were undertaken reviewed and updated on a regular basis or as changes occurs.

Service users who met with the inspector indicated that attending the centre was great as this provided opportunity to meet up with friends and that staff were always around and available to assist them when needed.

Areas for improvement

One requirement made related to ensuring that action is taken to address recommendations made by the fire safety officer. A copy of the dated/signed recommendations is to be submitted to RQIA with the QIP from this report.

Three recommendations made for improvement included the development of a staff training matrix; review/revision of the adult safeguarding policy and undertaking and recording of competency and capability assessments of staff in charge when the manager is out of the centre.

Number of requirements	1	**Number of recommendations**	4

4.4 Is care effective?

Three service users care records were provided for review. These were found to be in line with legislation and minimum care standards including, for example; holistic health and social care

needs assessments which were complemented with risk assessments; person centred care plans and regular evaluation notes of the health and wellbeing of the service user. Records of reviews held were in place which included participation of the service user and where appropriate their representative. There was recorded evidence of multi-professional collaboration in planned care. Two recommendations made for improvement related firstly, to one which was restated for a second time; ensure care plans are signed and dated by the service user or their representative. The second recommendation made related to the provision of individual service user agreements in keeping with Standard 3 of the Day Care Standards.

Care records were observed to be stored safely and securely in line with data protection.

The manager explained the systems in place to promote effective communication between service users, staff and other stakeholders which included: discussions with staff and service users, care records examined; minutes of service users' meetings, minutes of staff meetings, information notices displayed on health and social care and photographs of various activities and social events.

Staff confirmed that the modes of communication in use between the staff team, service users/representatives and other stakeholders were effective. Examples included; staff meetings, multi-professional collaboration in care reviews/reports, service user meetings, information displayed within various locations within the centre. Staff explained that communication was enhanced through the "open door" arrangements operated by the manager.

Service users who met with the inspector confirmed they were aware of whom to contact if they had any issues or concerns about the service and that staff were approachable and always willing to help and provided assistance when required.

The manager explained that the annual quality service user satisfaction survey was undertaken and a report developed which reflected responses and action to meet identified areas for improvement. Review of the report showed that a wide range of indicators were used in which the views of service users were sought. Areas on how the centre could improve the experience of service users were included. For example: transport, catering, cleanliness, staffing, care planning and activities. Overall responses were in the main positive. The manager confirmed that the outcome of the survey was shared with service users and relatives.

There were arrangements in place to facilitate ongoing audit. The annual report on the quality of care was discussed with the manager. This report was based on RQIA recommended guidelines based on regulation 17 of the Day Care Setting Regulations (Northern Ireland) 2007. An action plan with timescales had been established to address identified areas for improvement.

Areas for improvement

Two recommendations made for improvement related firstly to ensuring all care plans are signed and dated by the service user or their representative and secondly to the provision of individual service user agreements in keeping with Standard 3 of the Day Care Standards.

Number of requirements	0	**Number of recommendations**	2

4.5 Is care compassionate?

The manager confirmed there was a culture/ethos within the centre that supported the values of dignity and respect; independence; rights; equality and diversity; choice and consent of service users. This was reflected within the statement of purpose, service user guide, care records and minutes of service user meetings examined.

There was a range of policies and procedures available to staff which supported the delivery of compassionate care.

Observation of staff interactions with service users demonstrated that they were treated with dignity and respect. Staff confirmed their awareness of promoting service user rights, independence and dignity.

Discussions with staff, service users, review of care records, observation of staff practice and interactions confirmed that service users' needs were acknowledged and recorded within care records.

There was evidence that service users were enabled and supported to engage and participate in a range of meaningful activities. This was noted within care records, service user meetings and reviews of care. The arranged therapeutic activities included for example; yoga class, cooking, mindfulness, arts/crafts and woodwork. Social outings were also included.

Service users confirmed that they were consulted about therapeutic activities and felt very much involved about the daily arrangements in the centre. Comments from staff and service users were very positive in regard to the service provided. No issues or concerns were raised or indicated in this regard.

The annual service user satisfaction conducted reflected positive responses in regard to the provision of compassionate care. An action plan was developed to address menu changes to provide more choices. Service users confirmed that the meals were good and the menu choices made all the difference.

Areas for improvement

No areas for improvement were identified within this domain.

Number of requirements	0	Number of recommendations	0

4.6 Is the service well led?

Marie Quigley, the registered manager of the centre explained that she felt very well supported in her role by her line manager who visits the centre on a regular basis and provides regular supervision and support. At operational level support is provided by a mixed skill team of care and ancillary staff.

There was a defined organisational and management structure that identifies the lines of responsibility and accountability within the centre. This was reflected within the statement of purpose and service user guide.

The centre's RQIA registration certificate was displayed in a prominent position.

The manager confirmed that the centre operated in accordance with the regulatory framework and that the health and social care needs of service users in attendance each day were met in accordance with the centre's statement of purpose.

There was a range of electronic corporate policies and procedures to guide and inform staff. Several policies were also held in hard copy format. Staff demonstrated awareness of policies including the policy and procedure relating to whistle blowing and adult safeguarding and how to access same. Reference to review and revision of the adult safeguarding policy and review of policies is made within section 4.3 of this report.

Records of accidents/incidents were discussed with the manager who was aware of procedure in regard to notification to RQIA. All accidents and incidents occurring were recorded within the Belfast Health and Social Care Trust (BHSCT) electronic datex system. Monitoring of accidents and incidents, including identification of trends and patterns, were undertaken by the locality manager and BHSCT governance team. Investigation of accidents or incidents was undertaken and when necessary the outcome of risk assessments reflected within support care plans detailing the measures in place to minimise the risk. The manager explained that any lessons to be learned would be identified and disseminated throughout the trust.

Records of complaints received were reviewed and discussed with the manager. Complaints received since the previous inspection was noted to be appropriately recorded and managed with resolution achieved. Information on how to complain was reflected within the statement of purpose and service user guide. Service users who spoke with the inspector confirmed they were aware of how to make a complaint if they were not satisfied with the service and that the manager and staff were approachable and would ensure issues were addressed. Corporate policy/procedures on complaints management were available and known by staff who spoke with the inspector.

The manager and staff confirmed that individual supervision was provided. Staff supervision for care assistants was being provided three monthly and for day care workers each month. Annual appraisal was provided with records retained.

Review of monthly staff meeting minutes included the names of staff in attendance and discussions held.

Staff confirmed that there was very good working relationships within the team and that the manager was responsive to suggestions/comments raised during staff meetings which were being held monthly with minutes recorded.

Monthly monitoring report visits made on behalf of the registered provider were available. These were observed to be in keeping with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Reports were available for service users, their representatives, staff, trust representatives and RQIA.

The handling of payments made by service users for lunch and some organised activities was discussed with the manager who explained the procedure. One recommendation made related to ensuring that two signatures are obtained when transactions take place. Should the service user be unable to sign then two staff signatures should be recorded.

Areas for improvement

One area identified for improvement within this domain related to ensuring that two signatures are obtained when transaction of service users payments take place.

Number of requirements	0	Number of recommendations	1

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Marie Quigley, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref**: Regulation 26 (4) (a) **Stated:** First time **To be completed by:** 28 February 2017	The registered provider must ensure that the action recommended by the BHSCT fire safety officer within the fire risk assessment is addressed and date of action recorded. A copy of the signed action plan is to be submitted to RQIA with the returned QIP.
	Response by registered provider detailing the actions taken: Latest fire risk assessment (and addendum statement), action plan, certificate of portable electrical appliance inspection & testing and electrical installation condition report, are all now located at the front of the fire manual. New fire risk assessment will be carried out in April 2017.
Recommendations	
Recommendation 1 **Ref**: Standard 5.3 **Stated:** Third time **To be completed by:** 31 March 2017	(d) When a care plan is updated, the service user and manager re-sign and date these. (This recommendation is carried forward from previous inspection dated 19&22 February 2016) The registered provider should ensure that a thorough review of all care plans is undertaken to ensure these are dated and signed. Where the service user is unable or chooses not to sign this should be recorded and the basis of his or her agreement to participate noted.
	Response by registered provider detailing the actions taken: Care-plans audited and are now signed and dated.
Recommendation 2 **Ref**: Standard 21.9 **Stated:** First time **To be completed by:** 31 March 2017	The registered provider should develop a staff training matrix to provide ease of access for monitoring purposes by the manager.
	Response by registered provider detailing the actions taken: Matrix detailing staff training now available and sent to all staff, also on display in the main office.
Recommendation 3 **Ref**: Standard 13.1 **Stated:** First time **To be completed by:** 30 April 2017	The registered provider should ensure that a review and revision of the adult safeguarding policy is undertaken to ensure that this is in keeping with the regional policy entitled “Adult Safeguarding Prevention and Protection in Partnership” issued by the Department of Health (DOH) 2015. Staff refresher training on the new policy/procedure will be necessary. Review of hard copies of policies and procedures held is recommended

	to ensure these match those held electronically.
	Response by registered provider detailing the actions taken: Prior to the regional policy each Trust would have had local operational policy & procedures in place but these have been replaced by the regional operational procedures, September 2016.The registered provider is compliant with regional policy and all staff have or are in the process of being updated/trained on the regional policy and procedures. Hard copies of policies and procedures have been matched with those held electronically.
Recommendation 4 **Ref**: Standard 3 (1) **Stated:** First time **To be completed by:** 31 March 2017	The registered provider should ensure that each service or their representative is provided with an individual written agreement.
	Response by registered provider detailing the actions taken: Written agreement has been drawn up, current service users to receive individual written agreement and will be provided to all new service users before commencing placement at the Centre.
Recommendation 5 **Ref**: Standard 23.3 **Stated:** First time **To be completed by:** 31 March 2017	The registered provider should ensure that competency and capability assessments are undertaken and recorded of staff in charge when the manager is out of the centre.
	Response by registered provider detailing the actions taken: This has been completed by the senior day care worker and day care workers.
Recommendation 6 **Ref**: Standard 11.3 **Stated:** First time **To be completed by:** 31 March 2017	The registered provider should ensure that two signatures are obtained when service user financial transactions take place.
	Response by registered provider detailing the actions taken: Documentation for this has now been put in place and is completed on a daily basis and fully audited each Friday.
Recommendation 7 **Ref**: Standard 23.7 **Stated:** First time **To be completed by:** 31 March 2017	The registered provider should ensure that the time worked by each staff is recorded within the staff duty roster.
	Response by registered provider detailing the actions taken: Duty roster now reflects full day, part day or hours of duty worked by staff and weekly activity planner has been introduced and both are kept on file as well as being on display.

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