

# Unannounced Care Inspection Report 30 March 2018



## Woodlands Centre

**Type of Service: Day Care Setting**  
**Address: 9 Woodland Avenue, Belfast, BT14 6BY**  
**Tel No: 028 95043020**  
**Inspector: Priscilla Clayton**

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Assurance, Challenge and Improvement in Health and Social Care

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 30 approved places that provides care and day time activities for people living with physical disability and sensory impairment.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast Health and Social Care Trust  <b>Responsible Individual:</b> Mr Martin Dillon	<b>Registered Manager:</b> Marie Quigley
<b>Person in charge at the time of inspection:</b>  William Lindsey. Senior Care Worker 9.00 – 10.45hrs  Marie Quigley Registered Manager 10.45 – 14.30	<b>Date manager registered:</b> 21 September 2010
<b>Number of registered places:</b> 30 - DCS	

### 4.0 Inspection summary

An unannounced inspection took place on 30 March 2018 from 09.00 to 14.30.

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 areas for improvement identified during and since the last care inspection and to determine if the day care setting 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. 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

One area identified for improvement related to the development of an annual quality improvement report which should reflect, for example; the governance arrangements, quality assurance methods/audits/evaluations and improvements made.

The findings of this report will provide the day care setting with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Marie Quigley, registered manager and William Lindsey, senior care worker as part of the inspection process. The timescales for completion commence from the date of inspection.

## 5.0 How we inspect

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

- previous care inspection report and Quality improvement plan (QIP)
- notifications
- correspondence
- registration status

During the inspection the inspector met with all service users and three staff.

The following records were examined during the inspection:

- RQIA registration certificate
- Staff induction
- Staff duty roster
- Staff training
- Staff supervision/appraisal schedule
- Staff meetings
- Service user meetings/minutes
- Staff competency and capability assessments
- Competency and capability assessments
- Three care records
- Monthly quality monitoring visits
- Audits
- Accidents/incidents
- Complaints
- Policies and procedures relevant to the inspection
- Fire risk assessment
- Weekly/monthly fire safety equipment checks

Ten service user/representative satisfaction questionnaires were provided for distribution, completion and return to RQIA.

A poster was provided which contained information on how staff can obtain satisfaction questionnaires electronically or mobile by mobile telephone scan.

The findings of the inspection were provided to the registered manager and senior care worker at the conclusion of the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 23 January 2017**

The most recent inspection of the day care setting was an unannounced care inspection.

The completed QIP was returned by the registered manager and approved by the care inspector.

**6.2 Review of areas for improvement from the last care inspection dated 23 January 2017**

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 26 (4) (a)</p> <p><b>Stated:</b> First time</p>	<p>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.</p> <p>A copy of the signed action plan is to be submitted to RQIA with the returned QIP.</p> <p><b>Action taken as confirmed during the inspection:</b> Examination of the fire risk assessment evidenced that recommendations for improvement had been addressed.</p>	<b>Met</b>
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 5.3</p> <p><b>Stated:</b> Second time</p>	<p>(a) When a care plan is updated, the service user and manager re-sign and date these.</p> <p>(This recommendation is carried forward from previous inspection dated 19&amp;22 February 2016)</p> <p>The registered provider should ensure that a thorough review of all care plans is undertaken</p>	<b>Met</b>

	<p>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.</p>	
	<p><b>Action taken as confirmed during the inspection:</b> Random selection of three care plans evidenced these were signed as recommended.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Standard 21.9 <b>Stated:</b> First time</p>	<p>The registered provider should develop a staff training matrix to provide ease of access for monitoring purposes by the manager.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Staff training matrix had been developed and was reviewed at inspection.</p>	
<p><b>Area for improvement 3</b> <b>Ref: Ref:</b> Standard 13.1 <b>Stated:</b> First time</p>	<p>The registered provider should ensure that 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.</p> <p>Review of hard copies of policies and procedures held is recommended to ensure these match those held electronically.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The registered manager explained that the trust had corporate policies in place with the safeguarding policy (2016) available. The registered manager explained all hard copies of policies/procedures had been checked to ensure these matched those held electronically.</p>	
<p><b>Area for improvement 4</b> <b>Ref:</b> Standard 3 (1) <b>Stated:</b> First time</p>	<p>The registered provider should ensure that each service or their representative is provided with an individual written agreement.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Individual written agreements had been issued as recommended.</p>	



<b>Area for improvement 5</b> <b>Ref:</b> Standard 23.3 <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Competency and capability assessments had been undertaken. These were viewed during the inspection.	
<b>Area for improvement 6</b> <b>Ref:</b> Standard 11.3 <b>Stated:</b> First time	The registered provider should ensure that two signatures are obtained when service user financial transactions take place.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Financial records provided for review were signed as recommended.	
<b>Area for improvement 7</b> <b>Ref:</b> Standard 23.7 <b>Stated:</b> First time	The registered provider should ensure that the time worked by each staff is recorded within the staff duty roster.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The staff duty inspected evidenced that time worked by staff was recorded.	

### 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 senior care worker explained that all staff working in the centre were sufficiently qualified, competent and experienced and can meet the assessed needs of the service users; taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose.

The registered manager retains a staff duty roster which reflected the staff on duty, capacity and time worked. Completed satisfaction questionnaires from service users/representatives returned to RQIA following the inspection indicated care was safe, however one respondent commented that there is not enough staff when other members are off sick or on annual leave. This comment was shared with the registered manager who advised that agency staff can be commissioned or staff would agree to work additional hours when needed.

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

An induction programme was in place for all new staff within the centre which was appropriate to specific job roles.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was provided. A schedule for mandatory training, annual appraisal and staff supervision was maintained and was reviewed during the inspection.

The senior care worker explained that all staff recruitment records were retained at the Belfast Health and Social Care trust (BHSCT) human resource department. 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) was provided for RQIA from the human resource department during the inspection.

Enhanced Access NI disclosures were reviewed by the registered manager for all staff prior to commencement of employment.

Arrangements were in place to monitor the registration status of care staff with their professional body with monitoring records retained.

The adult safeguarding policy and procedure was dated 23 September 2014. Review and revision of this policy was a work in progress to ensure compliance with DoH regional policy.

The senior care worker advised that no adult safeguarding issues had been received since the previous care inspection and that staff were aware of the procedure to follow.

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.

Discussion with the senior care worker confirmed that the only form of restriction used within the centre related to wheel chair lap straps which were issued by the manufacturer and used for safety reasons. The centre had a corporate policy on restrictive practice.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. The registered manager confirmed that equipment in use in the day centre was well maintained and regularly serviced. Records of service maintenance were retained.

Discussion with the registered manager identified that the day centre did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

A general inspection of the home was undertaken. The day centre was observed to be fresh smelling, clean and appropriately heated throughout. Service users' responses within



questionnaires returned to RQIA following the inspection indicated they were satisfied that the environment was safe and clean.

The day centre had an up to date fire risk assessment which was dated 11 April 2017. Fire safety records reviewed identified that fire-fighting equipment; fire safety equipment were checked weekly/monthly as required.

Review of staff training records confirmed that staff completed fire safety training twice annually with fire drills undertaken. Records were retained of staff who participated and any learning outcomes.

Care staff spoken with during the inspection gave positive feedback in regard to the safe care provided. No issues or concerns were raised or indicated.

Staff spoken with during the inspection gave positive feedback on the safe care provided. Comments made included;

- “Safe staffing levels provided.”
- “Good range of mandatory and other professional development training.”
- “Support from the manager and senior care worker, open door approach to everyone.”

A total of ten satisfaction questionnaires were provided for distribution to service users. Six were completed and returned to RQIA. All respondents indicated they were “very satisfied” that the care provided was safe.

Four staff questionnaires were completed and returned to RQIA following the inspection. Three respondents indicated they were very satisfied that the care provided within Woodlands Day Care setting was safe. This referred to staffing, training, including adult safeguarding, and reporting concerns or unsafe practice. Commentary made by one respondent included “Providing an excellent standard of care, very good environment and excellent liaison with other NHS health professionals (OT and SALT).”

One respondent indicated they were “very unsatisfied” with the domain of safe care. This response was shared with the registered manager.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, risk management and the day centre’s environment.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 6.5 Is care effective?

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

Discussion with the registered manager established that staff in the day centre responded appropriately to and met the assessed needs of the service users.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, 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.

The care 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. For example service users participated in the development of their person centred care plans which were noted to be in pictorial format. Care reviews were held on the fourth week following admission followed by a sixteen week review then annually. Records of reviews held were retained. 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.

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

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 care worker confirmed that arrangements were in place, in line with the legislation, to support and advocate for service users.

Service users spoken with and observation of practice evidenced that staff were able to communicate effectively with service users and other key stakeholders. Minutes of service users' meetings were viewed during the inspection.

Staff spoken with during the inspection confirmed that the care provided was effective. No issues or concerns were expressed.

Four staff satisfaction questionnaires completed and returned to RQIA following the inspection. Three respondents indicated they were "very satisfied" that the care provided within Woodlands Day Care setting was effective. Questions within the effective domain of care included; assessment of need, care planning, working relationships and prompt responses from

professionals. One respondent indicated they were “very unsatisfied” with the effective domain of care. No commentary was made by the respondent. This response was shared with the registered manager.

A total of ten satisfaction questionnaires were provided for distribution to service users / representatives. Six were completed and returned to RQIA. All respondents indicated they were “very satisfied” that the care provided was effective.

### 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 other key stakeholders.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 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.**

The senior care worker confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of service users.

A range of policies and procedures were in place which supported the delivery of compassionate care.

The senior care worker and staff confirmed that consent was sought in relation to care and treatment. Discussion with service users and staff along with observation of care practice and social interactions demonstrated that service users were treated with dignity and respect. Staff confirmed their awareness of promoting service users’ rights, independence and dignity and was able to demonstrate how service users’ confidentiality were protected. For example: appropriate storage of care records and sharing information only with those who need to know.

The registered manager and staff confirmed that service users were listened to, valued and communicated with in an appropriate manner. Service users confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff and service users and observation of practice confirmed that service users’ needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of service users, and or their representatives, were sought and taken into account in all matters affecting them. For example: service users' meetings, annual reviews and monthly monitoring visits undertaken on behalf of the registered provider.

Service users are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for service users and other interested parties to read. An action plan was developed and implemented to address areas of improvement.

Discussion with staff, service users, and observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in a wide range of meaningful activities including for example, arts / crafts, bingo, quizzes and puzzles, reminiscence news and passive exercise.

Staff spoken with during the inspection made the following comments:

- "Service users are always treated with dignity and respect."
- "We always ensure that service users are involved in the planning of their care."
- "We ensure that service users' views are listened to and were necessary follow up on any questions asked or information requested."

Six of the ten service users/representatives satisfaction questionnaires were completed and returned to RQIA following the inspection. Respondents indicated their level of satisfaction with this aspect of care as "very satisfied".

Four staff satisfaction questionnaires were completed and returned to RQIA. Three of the four respondents indicated they were "very satisfied" that the care provided by staff was compassionate. One respondent indicated they were "very unsatisfied" with the compassionate aspect of care. No commentary was made by this respondent. This response was shared with the registered manager.

### **Areas of good practice**

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

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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.**

On the day of inspection the registered manager was out of the day centre on other trust business until 10.45hours. The senior care worker, William Lindsay was in charge.

The senior care worker demonstrated 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.

The senior care worker described the management arrangements and governance systems and processes in place within the day centre. These were found to be in line with good practice.

Review of governance arrangements within the day centre and the evidence provided within the returned QIP confirmed that the registered provider/s respond to regulatory matters in a timely manner.

There was a clear organisational structure and all staff demonstrated knowledge of their roles, responsibility and accountability. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the day centre by way of the registered manager's supervision with the regional manager and monthly monitoring visits made on behalf of the registered provider.

The senior care worker in charge confirmed that the management and control of operations within the day centre was in accordance with the regulatory framework. Inspection of the premises confirmed that the current RQIA certificate of registration was displayed within a prominent position.

A range of policies and procedures were in place to guide and inform staff. Policies were held electronically and in hard copy format which were centrally indexed and retained in a manner which was easily accessible by staff. The senior day care worker explained that policies and procedures were in as far as possible systematically reviewed every three years or more frequently as changes occurred.

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. Discussion with the registered manager and 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. The manager advised that

learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

A monthly monitoring visit was undertaken in accordance with Regulation 29 of The Day Care Settings Regulations (Northern Ireland) 2007; a report was produced and made available for service users, their representatives, staff, trust representatives and RQIA. Records of the past three months were reviewed.

The provision of an annual quality report for 2017/18 was discussed with the registered manager who readily agreed that this would be developed in accordance with Regulation 17 (1) Schedule 3.

Improvements made in the day centre since the previous care inspection included; provision of outdoor seating, redecoration of the hallway, new large screen television, provision of a service user sewing machine and additional therapeutic activity training.

Review of records and discussion with the registered manager, senior care worker and staff confirmed that any adult safeguarding issues would be managed appropriately and that reflective learning would be provided. Currently no alleged safeguarding issues has been received.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this.

Discussion with 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.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Staff spoken with during the inspection made the following comments:

- “I feel the service is very well managed and we can speak to the manager at any time.”
- “We have had a good range of training and regular supervision.”
- “The manager is approachable and deals with any issues we raise.”
- “We have a very good team here and we all work well together.”
- “The atmosphere is relaxed and I am happy to work here.”

Four staff satisfaction questionnaires were completed and returned to RQIA. Three of the four respondents indicated they were “very satisfied” that the care provided was well led. One respondent indicated they were “very unsatisfied” with this aspect of care. No commentary was made by this respondent. This response was shared with the registered manager.

Six completed questionnaires were returned to RQIA from service users/representatives following the inspection. Respondents indicated their level of satisfaction with this aspect of the service as “very satisfied”.

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

- “I think the centre is well managed, the staff are good people”
- “Staff always ask us are we happy with the things we do and if we would like to do other activities”
- “I love it here and don’t want to go anywhere else”

### 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 within this aspect of care during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Marie Quigley, registered manager and William Lindsey, senior 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 17.11</p> <p><b>To be completed by:</b> 30 June 2018 and annually thereafter.</p>	<p>The registered manager shall ensure that an annual quality report is developed for 2017/18 and thereafter each year.</p> <p>Ref: 6.7</p>
	<p><b>Response by the registered provider detailing the actions taken:</b> The annual quality report for 17/18 has been completed and will be completed at the end of March each year.</p>

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



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