

Announced Care Inspection Report 31 March 2021



Woodlands Centre

Type of Service: Day Care Setting
Address: 9 Woodland Avenue, Belfast, BT14 6BY
Tel No: 028 9504 3020
Inspector: Angela Graham

www.rqia.org.uk

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 provider 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 Health & Social Care Trust	Registered Manager: Ms Marie Quigley
Responsible Individual: Mr Martin Dillon	
Person in charge at the time of inspection: Ms Marie Quigley	Date manager registered: 21 September 2010

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last care inspection was undertaken on 21 March 2019. Since the date of the last care inspection, RQIA were not notified of any incidents which had occurred within the day care setting.

Having reviewed the day care setting's regulatory history, and in the absence of RQIA not being made aware of any specific risk to the service users within the day care setting, the decision was made to undertake a remote inspection approach, to reduce any risk in relation to the spread of Covid-19.

An announced inspection took place on 31 March 2021 from 11.30 to 14.45 hours.

Information was requested to be submitted to RQIA prior to the inspection and this was reviewed by the inspector in advance of the inspection. The inspection focused on discussing aspects of the submitted information, in order to substantiate the information.

We reviewed the dates that criminal records checks (AccessNI) had been completed to ensure that they were in place before staff commenced employment. We checked that all staff were registered with the Northern Ireland Social Care Council (NISCC) and that there was a system in place for ongoing monitoring of staff registrations. Staff adherence to the Covid-19 Guidance was also reviewed through discussion with the manager. We also reviewed the list of all Covid-19 related information, disseminated to staff and displayed throughout the day care setting. We verified staff understanding in the context of staff discussions during inspection.

Evidence of good practice was found in relation to recruitment practices and staff registrations with NISCC. Good practice was also found in relation to infection prevention and control (IPC), the use of personal protective equipment (PPE) and Covid-19 education.

An area for improvement previously made, in relation to the environment, was not fully met and has been stated for a second time.

Those consulted with indicated that they were satisfied with the care and support provided.

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

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation (Northern Ireland) Order 2003, The Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ms Marie Quigley, manager and the senior day care worker, 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 21 March 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 21 March 2019.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA in relation to the day care setting. This included the previous inspection report and written and verbal communication received since the previous care inspection.

Following a review of the information submitted to RQIA, the inspection took place remotely, using video technology, with the manager.

During our inspection we focused on speaking with the service users and staff to find out their views on the service.

To ensure that the appropriate staff checks were in place before commencement of employment, we reviewed the following:

Recruitment records specifically relating to AccessNI and NISCC registrations.

We also reviewed infection prevention and control (IPC) procedures to ensure that they were compliant with the Covid-19 guidance.

We discussed any complaints and incidents that had been received by the day care setting with the manager and in addition we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in line with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

RQIA provided information requesting feedback from service users, staff and other stakeholders in relation to the quality of service provided. This included an electronic survey for service users, relatives and staff, to feedback to the RQIA. Eleven service users and three relatives' responses were received and the respondents were either very satisfied or satisfied that care was safe, effective, compassionate and well led. No staff responses were received.

We would like to thank the manager, service users, service users' representatives and staff for their support and co-operation throughout the inspection process.

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

6.0 The inspection

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 26 (2) (b) Stated: First time To be completed by: 1 June 2019	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.	Partially met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that the lighting in the dining room was fully operational. The manager also confirmed that the water damage to the ceiling had been addressed following the last care inspection however, further water damage had presented. This matter has been reported to the Trust's Estates Department for address. This area for improvement has been partially met and is stated for a second time	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 25.3 Stated: First time To be completed by: 1 July 2019	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.	Met

	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that the flooring in the main lounge/activity room had been replaced following the last care inspection.	
Area for improvement 2 Ref: Standard 25.1 Stated: First time To be completed by: 1 May 2019	The registered person shall ensure that the cause of the malodour in the staff facility is investigated and made good. Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that the source of the malodour was explored and satisfactorily addressed.	Met
Area for improvement 3 Ref: Standard 13.2 Stated: First time To be completed by: 1 May 2019	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. Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. The manager advised that a service users' noticeboard was available in the day care setting displaying information pertaining to adult safeguarding including the details of the adult safeguarding champion.	Met
Area for improvement 4 Ref: Standard 8.1 Stated: First time To be completed by: 1 June 2019	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. Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. The manager advised that information was available to service users in a suitable format such as easy read.	Met

Area for improvement 5 Ref: Standard 5 Stated: First time To be completed by: 1 May 2019	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.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of two care records evidenced that this area for improvement had been addressed.	

6.1 What people told us about this service

The feedback received indicated that people were satisfied with the current care and support. Fourteen questionnaires were received and the respondents were either very satisfied or satisfied that care was safe, effective, compassionate and well led. During the inspection we spoke with the manager, the senior day care worker, a day care worker, a care assistant and three service users. Comments are detailed below.

Comments from staff included:

- “I have had IPC and Covid awareness training; training was detailed and of a good standard. The training included donning and doffing.”
- “It is my view that the care in the centre is very good and person centred.”
- “We undertake lots of additional cleaning every day such as hard surfaces and frequently touched points.”
- “Lots of hand sanitiser available in the centre and we have explained to the ladies and gentlemen the importance of hand hygiene and encourage them to clean their hands often.”
- “I am well supported by the manager. Very good staff team and we all work well together.”
- “We get a daily broadcast email from the Trust with Covid-19 updates, information is timely and appropriate. We have a Covid-19 risk assessment in place and available to all staff.”
- “We check service users’ temperatures and record a wellness check.”
- “Service users are safe here and all the things we have put in place such as extra cleaning, wearing PPE and hand hygiene ensures this is the case.”

Comments from service users’ included:

- “Staff look after you very well and we were making lovely Easter baskets this morning.”
- “Staff offer me choice in what I do here.”
- “I feel safe in the centre.”
- “Staff are brilliant, they always take time to talk to you and listen to what you have to say. I am very satisfied with all.”

- “Lovely place to come and all the staff look out for you. Staff are 100% and are just brilliant.”
- “Staff make me feel like I am their top priority.”
- “Very clean centre and staff are always cleaning.”
- “Staff remind us to wash our hands and how important that is.”

Comments from relatives’ included:

- “This service is excellent for my husband who has a medical condition. The staff ask how I am when I meet them which is very kind of them.”
- “An excellent Centre run by empathic and compassionate staff committed to the wellbeing of people whose poor health has limited their dreams. I have not experienced other public services with such an approach.”
- “My husband has attended Woodlands for a couple of years now. Right from the start all staff were helpful, friendly and polite. Great service for patients who require it. My husband can't wait to get here every week.”

6.2 Inspection findings

Recruitment

The manager confirmed that all staff appointments were made in compliance with relevant legislative requirements and trust policy and procedures. We reviewed documentation in staff files in relation to pre-employment checks which provided assurances that Access NI checks were completed prior to staff commencing employment.

A review of records confirmed all staff working in the day care setting are currently registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager. The manager confirmed that all staff are aware that they are not permitted to work if their professional registration lapses. Discussion with staff confirmed that they were registered with NISCC. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

Governance and Management Arrangements

A complaints and compliments record was maintained in the day care setting. The manager confirmed that one complaint had been received since the date of the last inspection and that local resolution had been achieved. Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the manager was made aware of any complaints. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided. Comments included “Thank you for keeping in touch with me during the pandemic. I enjoy your visits, chats and hearing how the other members are coping. The gift bags are great, I enjoy the quizzes, puzzles and snacks.”

Discussions with staff evidenced that they were knowledgeable regarding service users’ individual needs. Staff also demonstrated awareness of the need for person centred interventions which facilitate engagement with service users and promote effective communication and social engagement.

We discussed the monitoring arrangements in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

The regulation 28 quality monitoring visits had been undertaken monthly by an independent monitoring officer. We reviewed three quality monitoring reports completed in December 2020 and January and February 2021. The reports adhered to RQIA guidelines and evidenced engagement with service users and staff, with positive feedback recorded.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The manager confirmed that the organisation's adult safeguarding practices are directed by the regional Adult Safeguarding Prevention to Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. An Adult Safeguarding Champion (ASC) was identified for the service. Discussion with the manager further confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to appropriate professionals. Discussion with staff established that they were aware of the roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records. The manager advised that no adult safeguarding referrals were made since the last care inspection.

Environment

An area for improvement previously made, in relation to the environment, was not fully met and has been stated for a second time. This matter relates to water damage to the ceiling in the dining room. The manager advised that the water damage to the ceiling had been addressed following the last care inspection however, further water damage had presented. The manager confirmed that this matter has been reported to the Trust's Estates Department for address.

Covid-19

Discussion with the manager and staff confirmed that IPC control measures were in place such as PPE which was available for staff. Other IPC measures included wall mounted hand sanitisers strategically located throughout the day care setting. The manager and staff confirmed that laminated posters were displayed throughout the day care setting to remind staff of good hand washing procedures and the correct method for donning and doffing PPE.

Discussion with the manager and staff identified that they had a good understanding of the procedure to follow in the event of service users or staff being diagnosed with Covid-19. We discussed the provision of mandatory training specific to IPC measures with staff. Staff confirmed that they had undertaken IPC training and that the training provided them with the necessary skills and knowledge to care for and support service users. Staff training records confirmed that staff had received training in IPC and Covid-19 awareness including the donning (putting on) and doffing (taking off) of PPE. The manager confirmed that management were monitoring progress with overall mandatory training to ensure full compliance.

Staff described how they wore PPE for activities that brought them within two metres of service users. The staff members spoken with reported that there was an appropriate supply of PPE and sufficient bins available to allow the safe disposal of PPE.

There were measures in place to support service users to maintain a two metre distance from other people. Changes to the routines of the day care setting had been made, to ensure this could be maintained. Changes had been made to activities such as, mealtimes, activities and social outings, to ensure that the service users could maintain the two metre distance from each other.

There was also a system in place to ensure that staff and service users had a temperature and daily wellness check recorded.

The manager, staff and service users confirmed enhanced cleaning was undertaken, to minimise the risk of cross contamination. This included the frequently touched points throughout the building.

The manager provided a list to RQIA, by email, of the information available in the day care setting in relation to Covid-19. This included information related to:

- PHA COVID-19: Guidance for maintaining services within health and care services
- BHSCT ACOPS Procedures for Day Care Services Procedure for the prevention and control of cross infection
- BHSCT Universal use of eye protection
- PHE Putting on personal protective equipment
- PHE Taking off personal protective equipment
- DOH Use of face masks / face coverings in all health and social care facilities
- NHS Coronavirus COVID-19.

It was positive to note that easy read format guidance was available to service users which included:

- BHSCT Woodlands Easy Read leaflets for those travelling by car
- BHSCT Woodlands Easy Read leaflets for those travelling by centre bus
- Letter to Service Users and Carers re: impact of social distancing in day centres

The procedures and guidance in place evidenced that:

- Robust systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff
- There are effective systems in place to monitor staff compliance with good infection prevention and control practices
- All staff working in the service are able to demonstrate their knowledge of infection prevention and control practice commensurate to their role and function in the service.

From feedback, it was positive to note that staff were working well together to support the best outcomes for service users, in a caring and safe manner.

It was also noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life, as confirmed in discussions with staff and service users. Staff are being vigilant in terms of monitoring people for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to recruitment practices, staff registrations with NISCC, communication between service users, staff and other key stakeholders, compliance with Covid-19 guidance, the use of personal protective equipment guidelines, Covid-19 education and management including IPC measures.

Areas for improvement

An area for improvement previously made, in relation to the environment, was not fully met and has been stated for a second time.

	Regulations	Standards
Total number of areas for improvement	1	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 Ms Marie Quigley, manager and the 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

An area for improvement has been identified where action is required to ensure compliance with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Setting Regulations (Northern Ireland) 2007.

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: Second time	The registered person shall ensure that the water damage observed to the ceiling in the dining room is made good. Ref: 6.2
To be completed by: 01 July 2021	Response by registered person detailing the actions taken: Site meeting held 05.05.21. The proposal is to repair roof tiles and lead valleys to eliminate water ingress caused by the uneven tiles on the roof . These works will be completed over the next 4 / 6 weeks by the Trust's competent Roofing Contractor. Also, internal painting to the affected ceiling will commence once the roof repair is completed.



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