

# Unannounced Care Inspection Report 12 February 2020



## Windsor Day Centre

**Type of Service: Day care**  
**Address: 2a Rathfriland Road, Newry, BT34 1JN**  
**Tel No: 028 3083 5430**  
**Inspector: Maire Marley**

[www.rqia.org.uk](http://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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

## 3.0 Service details

<b>Organisation/Registered Provider:</b> Southern HSC Trust <b>Responsible Individual:</b> Shane Devlin	<b>Registered Manager:</b> Paula Farrell
<b>Person in charge at the time of inspection:</b> Paula Farrell	<b>Date manager registered:</b> Acting manager

## 4.0 Inspection summary

An unannounced inspection took place on 12 February 2020 from 11.00 to 14.30 hours.

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.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection. This was a short focused inspection to look at recruitment practices and service users experiences in the day centre.

On the day of the inspection, the centre was well maintained and in good decorative order, with no obvious hazards for service users or staff noted.

Service users said:

- “Staff are great.”
- “I’m fine in this centre I like coming here.”
- “If there was anything wrong I would talk to the staff or the manager.”
- “Love coming here, lots to do.”

Evidence of good practice was found in relation to staff knowledge of service user’s needs, activities provided, communication with healthcare professionals and families and the cleanliness of the general environment.

Two areas of improvement were identified during this inspection in relation to the further development of recruitment documentation submitting information to RQIA in regard to the outcomes of the action taken in regard to a concern identified regarding an erected fence.

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>	1	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Paula Farrell, acting manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 4.2 Action/enforcement taken following the most recent care inspection dated 3 January 2020

No further actions were required to be taken following the most recent inspection on 3 January 2020.

## 5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this day care service. This included the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service users, their relatives and staff to find out their views on the service. We also spoke with Health Care professionals involved with the service.

We ensured that the appropriate staff checks were in place before staff work with service users; we examined recruitment records relating to Access NI and NISCC registration.

Questionnaires and “Have we missed you?” cards were provided to give service users and those who visit them the opportunity to contact us after the inspection with their views. A poster was provided for staff detailing how they could complete and return an electronic questionnaire.

Ten questionnaires were also provided for distribution to the service users and their representatives; three responses were returned and indicated overall satisfaction with all aspects of care. One relative commented “Very satisfied with Windsor and the service they provide.”

RQIA information leaflets ‘How can I raise a concern about an independent health and social care service’ were also provided to be displayed appropriately in the setting.

During the inspection the inspector communicated with eighteen service users, five staff, one visiting professional and one service users’ relative.

The inspector would like to thank the registered manager, service users, service user’s relatives, staff and a professional for their support and co-operation throughout the inspection process.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

## 6.0 The inspection

There were no areas for improvement made as a result of the last care inspection.

### 6.1 Inspection findings

The centre provides a day care service for adults living with a learning disability and service users may have associated needs that are multiple and complex or have behaviors that are assessed as challenging. Several services require a high level of supervision and support and respond to a structured routine.

On the day of the inspection, the centre was well maintained and in good decorative order, with no obvious hazards for service users or staff noted. Furniture and fittings were found to be fit for purpose.

During the inspection staff interactions with service users were observed to be compassionate, caring and timely. Staff were noted to stimulate and encourage service users to participate in a range of therapeutic activities that promoted positive outcomes for their health and well-being and encouraged meaningful social engagement. Service users approached staff freely, communicating their needs and making requests. It was noted that while some of the service users do not use verbal communication, staff used a variety of methods to support effective communication such as Makaton, hand gestures, symbols and communication books. Person centred care plans are also used to provide detailed information in relation to the communication needs of individuals. Activities on the morning of the inspection included music and exercise, arts and crafts, sensory activities and relaxation. Staff responses throughout were noted to be cheerful, warm and appropriate.

Those service users who engaged with the inspector spoke positively about the service and the ongoing benefits of attending the centre.

### **Service Users' comments:**

- "I love coming into this centre, we all are well looked after."
- "I get on with all the staff they are good to me."
- "I like going out for walks and things."

### **Professional's comments:**

- "Prior to taking up post as team leader I was keyworker in the centre to five service users and I am aware there is always good communication system between the centre and home."
- "Care and support is person centred and it is good to see that the service users are a visible part of the community."
- "Never had any cause for concern on my visits and I have never had a complaint from the service users or relatives that I am involved with."

### **Staff Comments:**

- All staff know what is expected of them and we know the service user's needs."
- "We work well together as a team and there is good communication."
- "Supervision is provided every 4-6 weeks, along with monthly staff meeting and group meetings, this ensures we are well supported."
- "Management have an open door policy and are always willing to listen."
- "Staffing has been a problem over the past few months, at times we were really stretched."
- "I enjoy my work, and everyone is willing to pitch in."
- "I believe we are very effective as we really get to know our service users and what they like doing, it's important to focus on what people can do rather than what they can't do."

### **Relatives Comments:**

A relative who participated in the inspection provided overall positive feedback in relation to the quality of care and support provided to their relative.

- I have absolutely no complaints about the care ----- receives, it is excellent and the staff especially Geraldine is absolutely brilliant, she knows not only ----- needs but the other service users as well."

The relative also discussed a fence that had been erected to ensure the privacy of service users when outside their group room, the relative expressed that the fence blocked the natural light from the activity room that their relative was accommodated in. The acting manager was aware of the complaint and was responding to the issues identified. Management were requested to forward the outcome of the action taken to address the relative's concerns to RQIA. This is an area stated for improvement.

There had been some changes in management since the previous inspection. At the time of the inspection, the registered manager was on long term leave and Paula Farrell was the acting manager, RQIA had been notified of the changes. The acting manager is supported by an assistant manager, day care workers, a nurse, support workers, guide helps and a clerical assistant.

The manager described the difficulties in recruiting and retaining staff and the range of recruitment activities implemented by the Trust to address the vacancies arising from staff turnover. A recent recruitment drive had been very successful however there were ongoing difficulties as some staff had not taken up the offer of the post.

The staffing arrangements which had been assessed as necessary to provide a safe service in the setting were discussed and assurances were provided that sufficiently competent and experienced persons are working in the centre to meet the range of needs accommodated. The manager advised the inspector of a range of short and medium term arrangements to secure suitable staffing and these included the use of agency staff and the Trust's as and when staff or deployment of staff from other facilities.

A sample of duty records examined for the months of December 2019, January and February 2020 contained details of the number of staff on duty; hours worked and confirmed that staffing levels were generally maintained by using the methods detailed previously. It was noted that in December 2019 there were days when numbers of staff were depleted and the assistant manager related that at times the management team were deployed to cover groups, on some of the fore mentioned days it was noted there was a decreased number of service users attending the centre.

During discussions with staff some comments relating to staffing provision and turnover of staff impacting on the continuity of the service provided to individuals were identified, staff expressed that they understood the difficulties management faced and that management were always aware of the safety of service users and staff. The staffing arrangements will continue to be the focus on forthcoming inspections.

A relative and a visiting professional expressed that they felt there was sufficient staff to maintain the safety of service users in the centre. The professional related they were aware of the usual recruitment issues within the centre however expressed the centre seemed to manage this effectively. Observation during the inspection found the needs of the service users were effectively met by the staff on duty.

The Trust has a human resources department (HR) that oversees the recruitment processes including pre- employment checks. The assistant manager described the procedure for ensuring that staff are not provided for work until all necessary checks are completed and confirmed that the outcomes of these checks are retained in HR department. On completion of satisfactory pre-employment checks and verification of supporting documentation the manager receives an email from the H.R department to confirm the staff member can commence duty.

A review of three staff records employed in the centre relating to the recruitment process found the information in place was consistent with the Trust's procedures. It was noted there was no

documentary proof of the date of the Enhanced Disclosure Access N.I pre-employment check or the reference number. Access N.I enhanced disclosure certificates are only accurate on the date of issue and therefore a record of the date the check was completed along with the reference number should be maintained. This is stated as an area of improvement.

One of the three records examined found there was no evidence of photographic identification. This is stated as an area of improvement. The records relating to a staff member deployed from an external agency were examined and it was noted that the reference number of the Enhanced Disclosure Access N.I pre-employment check was on file along with other information required by regulation. The manager was advised the date the Enhanced Disclosure Access N.I check was completed should also be maintained. The Trust recently introduced a "Final offer Checklist for Managers" and the inspector was informed this would be completed for staff on commencement of duty. It was good to note that on the first day of duty new staff are requested to present a range of documents to confirm their identity.

Arrangements are in place to ensure that all staff are registered with The Northern Ireland Social Care Council (NISCC). Information in regard to registration and renewable dates are maintained for all staff employed within the centre and were available for inspection. A review of these records and discussion with the assistant manager confirmed that all staff are currently registered with NISCC.

Staff records viewed confirmed that new staff and those staff deployed from an external agency undertake an induction programme relevant to their role and responsibility and there was evidence that these staff complete the NISCC induction standards.

Prior to the inspection the manager had notified RQIA that Crossmaglen SEC had closed for the week 10/2/2020 to the 14/2/2020 inclusive to enable staff to take their leave entitlement. Service users were given the option of attending Windsor SEC as detailed in the centre's contingency plans. The inspector reviewed the arrangements in regard to these measures. A support care worker had accompanied those service users who chose to attend Windsor and the group was overseen by a Day Care Support worker (Band 5). In discussion with eight of the service users and the staff member they all expressed satisfaction with the arrangements and the following comments confirmed their satisfaction:

- "No worries about coming to Newry a change is as good as a rest."
- "I would rather be in the Windsor centre than sitting at home."
- "I enjoy coming to Newry."
- "We were asked if we wanted to come to Newry and I said yes definitely."

Following the inspection RQIA were informed that Crossmaglen SEC had re-opened as planned on 14 February 2020.

### **Areas of good practice**

There were samples of good practice found throughout the inspection in relation to staff knowledge of service users' needs, range of activities, risk management and the general environment.

### **Areas of Improvement**

Two areas for improvement were identified during the inspection and related to the further development of recruitment documentation and informing RQIA of the action taken to address a identified concern.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	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 Paula Farrell, manager, 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 agency. 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 Regulations (Northern Ireland) 2005 and the Day Care 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 Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21 (3) (d)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 April 2020	<p>The registered person shall ensure the day centre maintains:</p> <p>(a) documentary proof of the date of the Access N.I. Enhanced Disclosure Check and the Access N.I. reference number</p> <p>(b) documentary evidence of photographic identification</p> <p>Ref: 6.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Further to your recent inspection unannounced on the 12/2/2020 please find attached firstly a pic of the fence and window view after alteration to the size of the fence outside group room 6. The fence is still in situ , but is now lowered outside group room 6 , so natural light is restored as is the services users view out. The provision of improved privacy as per concern raised by a neighbour August 2019, is also protected by the fence being provided . This appears to have resolved the concerns raised regarding light and privacy.</p> <p>A new concern was reported since your inspection and provision of fence by a parent that her son had splinters from rubbing his hands on the new fencing rail , a further sanding down of the rail has been requested on the 23/3/2020 from estates to ensure the railing is smoother.</p> <p>The second area of your enquiry concerned the provision of Access NI check , we have been in contact with our HR Dept and have a date record for Access NI checks completed in respect of staff that have been employed in recent years, outstanding are historical records for longer standing members of staff. The outstanding Access NI numbers have been highlighted as an outstanding item for SHSCT MHL D consideration, this is likely to be a Regional issue, and when Senior Management Team provide any update it will be shared with you/RQIA.</p> <p>If you have any other queries please do not hesitate to contact me as Registered Manager.</p>

### Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011

<b>Area for improvement 1</b>  <b>Ref:</b> Standard 14.4  <b>Stated:</b> First time  <b>To be completed by:</b> 30 April 2020	<p>The registered person shall submit the outcome of the action taken to address the concerns identified in regard to the erected fence.</p> <p>Ref: 6.1</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>Paula Farrell Registered Manager Windsor daycare centre. 26/5/2021 Due to an oversight at the time , when the centre closed without notice due to COVID 19 on the 23/3/2020 this information was provided but by email to the Inspector on the 24/3/2020 and not via the portal. This</p>
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	is now being rectified by me today the 26/5/2021.
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***\*Please ensure this document is completed in full and returned via Web Portal\****



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