



The Regulation and  
Quality Improvement  
Authority

Ravenhill Adult Centre  
RQIA ID: 11246  
318a Ravenhill Road  
Belfast  
BT6 8GL

Inspector: Kylie Connor  
Inspection ID: IN023245

Tel: 028 95042980  
Email: [brian.o'reilly@belfasttrust.hscni.net](mailto:brian.o'reilly@belfasttrust.hscni.net)

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**Unannounced Care Inspection  
of  
Ravenhill Adult Centre**

**11 January 2016**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 11 January 2016 from 10.40 to 16.30. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. The standards inspected were met. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

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

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	1

The details of the QIP within this report were discussed with Brian O'Reilly, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Belfast Health and Social Care Trust Mr Martin Joseph Dillon	<b>Registered Manager:</b> Mr Brian O'Reilly
<b>Person in Charge of the Day Care Setting at the Time of Inspection:</b> Mr Brian O'Reilly	<b>Date Manager Registered:</b> 25 March 2014
<b>Number of Service Users Accommodated on Day of Inspection:</b> 24	<b>Number of Registered Places:</b> 75

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

**Standard 5: Care Plan - where appropriate service users receive individual continence promotion and support**

**Standard 8: Service Users' Involvement - service users' views and comments shape the quality of services and facilities provided by the Day Care Setting**

### 4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- Previous care inspection report and returned Quality Improvement Plan (QIP)
- Notifiable events submitted since the previous care inspection

At the commencement of the inspection a poster was displayed informing services users and visitors that an RQIA inspection was taking place and inviting them to speak with the inspector to provide their views.

During the inspection we spoke to twelve service users in two groups. We also met individually with one care staff, one ancillary staff, the assistant manager and the registered manager. We spoke informally to two other staff members during an inspection of the environment.

Service user and staff questionnaires were provided to the registered manager for distribution, completion and return to RQIA.

The following records were examined during the inspection:

- The Statement of Purpose
- The Service User Guide
- Three monthly monitoring reports
- A selection of minutes of service users' meetings
- Staff duty rotas
- Staff training records
- A selection of service user course activity evaluation forms
- One selected service user induction checklist
- One completed competency assessment
- Two randomly selected service user care records
- Accident and incident records
- Record of complaints.

At the conclusion of the inspection, five service user questionnaires were returned to the inspector. Following the inspection, two staff questionnaires were received. All questionnaires were analysed by us and findings are reflected in the report.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection dated 2 October 2014. The completed QIP was returned and approved by the care inspector.

### 5.2 Review of Requirements and Recommendations from the last Care Inspection dated 2 October 2014

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 28 (3) & (4)	The registered person must ensure arrangements for the regulation 28 visits and reports are improved. Revisions should be made to ensure the visits and reports incorporate areas for improvement, for example: information recorded could have been more analytical and should report was the service compliant with standards and regulations, or is improvement required.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of three reports completed during May, July and November 2015 detailed if improvements were needed. Subsequent follow up to identified improvements were also detailed. The requirement had been addressed.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 28 (3) & (5) (b)	The registered person must ensure this day care setting has a monthly monitoring visit undertaken once per month and a report must be written for each monthly visit, this must be sent to the day care setting.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Following an inspection of the file containing monitoring reports and discussion with the registered manager, we confirmed that 11 out of 12 monitoring visits had been conducted during the year 2015. All reports indicated that they had been announced with the date of the next visit documented on the previous report. We advised that unannounced visits may be undertaken. This requirement had been addressed.	

<p><b>Requirement 3</b></p> <p>Ref: Regulation 5 (1)</p>	<p>The registered manager must ensure the service users are appropriately informed regarding records that will be kept about them in the day care setting, how they will be kept and how they can access them. The inspector also suggests the service user agreement could also contain the information regarding service user records and evidence consent.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b> The registered manager confirmed that service user induction records had been amended to include this information. An inspection of the induction checklist showed that information pertaining to records include, access to individual records, data protection and confidentiality in the centre. New service users sign and date this checklist along with the staff member. This requirement had been addressed.</p>		

Previous Inspection Recommendations		Validation of Compliance
<p><b>Recommendation 1</b></p> <p>Ref: Standard 7.4</p>	<p>The registered manager must make appropriate arrangements for service user's individual records to be improved with regard to the quality of information recorded; there must be a consistent approach to how assessments and reports are used. There should be evidence of working practices being systematically audited for compliance with this criterion.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b> The registered manager confirmed to us that he randomly checks service user' records made by staff on the 'paris' system to ensure that that they are up to date. He confirmed that this is recorded on the supervision minutes. The registered manager demonstrated to us how he uses the 'Paris' system to carry out this audit. This recommendation had been addressed.</p>		
<p><b>Recommendation 2</b></p> <p>Ref: Standard 7.5</p>	<p>The registered manager must make appropriate arrangements to improve the recording for each individual service user to ensure there is a record made at least once every five attendances and this must describe information that is relevant to the service user and should be relevant to objectives being worked on.</p>	<p><b>Met</b></p>

	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and an inspection of two service users' records demonstrated that this had been addressed.	
<b>Recommendation 3</b>  <b>Ref:</b> Standard 7.1	The registered manager should undertake a competency assessment with the deputy manager to ensure that when she acts up in the manager's absence she is aware of her roles and responsibilities and is competent regarding the same.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and an inspection of the completed competency assessment we confirmed that this had been addressed.	

### 5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

#### Is Care Safe?

Discussions with the registered manager and staff confirmed to us that the Trust had corporate policies pertaining to assessment, care planning and review.

With regards to continence promotion, following discussions with the registered manager and staff we concluded that although minimal prompting may occasionally be needed, there were no service users attending the centre who were assessed to need staff support and assistance with their personal care.

An inspection of two service users care records confirmed that needs assessment; risk assessments and care plans were kept under continual review and amended as changes occurred. They were kept up to date to accurately reflect at all times the needs and preferences of the service user and had been appropriately signed.

#### Is Care Effective?

Two care records inspected demonstrated that assessments and risk assessments were completed by staff, culminating in an individual goal based care plan.

An inspection of the care plans verified that they were regularly reviewed to ensure the care plan objectives remained relevant and accurate. Following discussions with staff and service users and an inspection of care records we confirmed that service users and or their representatives' work together with staff when planning and reviewing care.

The registered manager confirmed that audit processes for the management of care records were in place and outcomes are discussed with staff. Discussion with staff and an inspection of staff training records confirmed that training, including mandatory training is provided to support staff to undertake their roles and responsibilities.

Staff confirmed to us that there was good communication between staff members and that regular staff team meetings take place. Staff confirmed good communication with service users and members of the multi-disciplinary team.

Although there are no service users with continence needs who attend the centre, staff demonstrated that they were knowledgeable about continence promotion, the referral process for continence assessment and of the importance of infection prevention and control.

An inspection of the environment confirmed that clean, suitably maintained toilet facilities were available. Staff confirmed to us that personal protective equipment (PPE) was available and easily accessible.

Two staff questionnaires were returned and responses indicated that they were 'very satisfied' in all areas examined. These areas included: access to personal protective equipment and staff training received. One suggestion was made to have an update on developments in medication. This was shared with the registered manager who confirmed that update training would be arranged.

Some comments included:

- "I believe Ravenhill is making a positive and compassionate atmosphere during this massive time of change. (Day centres closing)."
- "We work at their pace."
- "There is a great deal of uneasiness and fear and uncertainty." (regarding day centres closing)
- "The manager is supportive and goes beyond the call of duty. It is a genuine caring environment."

### **Is Care Compassionate?**

Following our observation of staff members' interaction with service users, we confirmed that compassionate care was being delivered throughout the inspection period. An inspection of returned service user questionnaires and observations of staff and service user interactions during the inspection confirmed that service users' were treated with dignity and respect. Staff were knowledgeable about and demonstrated through discussions that values inform their care practices.

Two staff questionnaires were returned and responses indicated that they were 'very satisfied' in all areas examined including time available to listen and talk to service users.

### **Areas for Improvement**

No areas for improvement were identified. The standard inspected was met.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting**

### **Is Care Safe?**

There was good evidence that the service promotes service user involvement and empowerment through a number of methods including service user meetings, use of independent advocate service, daily discussions, attendance at forums, care planning, care reviews and monthly monitoring visits. A complaints procedure was in place and review of records demonstrated that no complaints had been made during the identified period. A range of associated trust corporate policies and procedures were in place and available to staff.

The culture in the centre also supports the wellbeing of service users, enabling them to feel valued and promoting and supporting their engagement and participation in the running of the service. Some of the service users who took part in group discussions confirmed that they were involved in discussions about what took place in the centre. All comments received from service users were very positive in regard to staff, meals and the benefits derived from attendance at the centre.

There was evidence from discussions with service users, staff and in records inspected that the registered manager and staff team were committed to ensuring that safe, effective and compassionate care is always delivered.

The registered manager confirmed that an annual quality review report had not been conducted for the year 2015. A requirement has been made. The registered manager confirmed that this would be completed.

### **Is Care Effective**

Records inspected and discussions with staff and service users demonstrated that service users enjoyed fulfilling and rewarding activities through their attendance at the centre. Service users spoke of a range of activities they enjoy including the gym, chi me, open discussion group, computers and gardening.

Service users spoke about how anxious they are in regard to the review of day care services. Following discussions with service users, the registered manager and staff we concluded that the staff team have provided effective support to service users during this review and consultation process.

A selection of minutes of service user meetings and a selection of monthly monitoring reports were inspected. These demonstrated that prior to April 2015, the focus of these meetings and reports had been broad and included areas such as activities, meals, the environment, questionnaire results, student placements and inspection from RQIA.

From April 2015 the focus was solely on the modernisation of day care. This was discussed with the registered manager who confirmed that the consultation process had just completed. He gave assurances that service user meetings and monitoring visits would subsequently focus on a broad range of areas to ensure quality assurance and identification and achievement of improvements within the centre. Reports did not confidentiality identify service users or staff



spoken to. We advised the registered manager that persons spoken to should be identifiable in the report by a system which protects their confidentiality.

A suggestion box is available in the centre. The registered manager confirmed that service users are confident in discussing their views and opinions with staff. The two care records inspected reflected that annual multidisciplinary reviews are held which service users, carers and representatives are invited to attend.

The registered manager confirmed that questionnaires to ascertain service user views regarding the running of the centre had not been undertaken during 2015. A recommendation has been made. The registered manager confirmed that an annual review of the quality of care for the year 2015 had not been completed. A requirement has been made.

### **Is Care Compassionate?**

Staff interaction with service users was observed throughout the inspection period. Examples of supportive appropriate language and encouraging tones of voice were observed, as well as good examples of service users being treated with dignity and respect and of being offered choices.

Written records inspected also provided good evidence of the provision of services in a professional and compassionate manner. Discussions with service users who were attending the centre on the day of inspection concluded that they are treated well and with respect by the registered manager and staff.

Five service users returned questionnaires confirming that they were either satisfied or very satisfied with all areas examined, including the care and support received. All responses indicated that service users were 'very satisfied' with the areas examined. These areas included: the care and support received, their views and opinions are sought and staffing levels are appropriate within the centre. One returned questionnaire stated that a day centre bus would help. This was discussed with the registered manager who agreed to follow this up.

Some comments included:

- "After I use the gym, I feel a lot better."
- "If I wasn't here, I'd be in my bed all day."
- "Staff give you inspiration and ideas and help you do things that you couldn't do on your own."
- "Ravenhill offers genuine support for me. I'd be lost without it."
- "If service was not here I don't know how I would cope with other services."
- "The artwork is important, it keeps people going."

### **Areas for Improvement**

One requirement has been made in respect of completion of an annual quality review and making this available to service users. One recommendation has been made to formally seek and complete a report of the views and opinions of service users regarding the running of the service and make the report available to service users. The standard inspected was met.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## **5.5 Additional Areas Examined**

### **5.5.1. Service User Views**

Twelve service users were spoken to together in two groups. Service users made positive comments regarding the support provided by staff, the range of activities made available to them, the quality of the food and the benefits derived from attendance at the centre. A suggestion was made to have a woodwork based activity. The registered manager stated that it would be possible to facilitate small scale woodwork projects and gave us an assurance that this would be arranged.

### **5.5.2. Staff Views**

Staff spoken to demonstrated their knowledge of service users, skills in delivering care and support in an effective and compassionate manner and of those values which underpin person centred practice. Staff expressed positive views in regard to training provided, of the suitability of the environment and of the involvement of service users in decision making.

### **5.5.3. Complaints**

Inspection of the complaint record demonstrated that between 1 January 2014 and 31 March 2015 no complaints were made.

## **6. Quality Improvement Plan**

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Brian O'Reilly, Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### **6.1 Statutory Requirements**

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

## 6.2 Recommendations

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

## 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 17 (1) (2) (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 31 March 2016</p>	<p>The registered manager must ensure that a review of the quality of care is completed which includes all matters set out on Schedule 3 which includes consultation with service users and their representatives.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>Monthly Service User meetings take place regarding the ongoing provision of the service. Service Users are given the opportunity to feedback on supports, activities, meals and the environment; this includes any suggestion on how to improve the service.</p> <p>Discussion takes place with the Service User and their representative at the service's panel meeting as to how best staff can support their needs prior to commencing placement. This will include any dietary requirements and a choice of meals will be provided. Ongoing Service User reviews and assessments are completed in conjunction with the Service User and their representatives to ensure their involvement in developing a programme to meet their needs and to support recovery.</p> <p>Service Users complete annual questionnaires which enables them to provide input into the overall delivery of the service and the service that they receive. The annual review of the service has been completed and the report arising from this will be displayed within the Day Centre. The outcome of the review will also be discussed with Service Users and their representatives at the next Service User meeting to be held on 15 April 2016.</p>

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 8.4;8.5</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 31 March 2016</p>	<p>The registered manager should ensure that the views and opinions of service users about the quality of the day service and facilities are formally undertaken at least annually. The report identifies the methods used to obtain these views and opinions, incorporates comments made and if any issues were raised, the actions to be taken in response to these. The report is made available to service users.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>Service Users complete annual questionnaires which enable them to provide input into the overall delivery of the service and the service that they receive; this will be done either independently or with the help of their carer or family members. The annual review of the service and its resulting report has been completed. The report will be displayed in the</p>

	Day Centre and the outcome of the review discussed with Service Users during the next Service User meeting to be held on 15 April 2016.		
<b>Registered Manager Completing QIP</b>	Brian O' Reilly	<b>Date Completed</b>	12/02/2016
<b>Registered Person Approving QIP</b>	Martin Dillon	<b>Date Approved</b>	24/03/2016
<b>RQIA Inspector Assessing Response</b>	Audrey Murphy	<b>Date Approved</b>	11/04/16

*\*Please ensure this document is completed in full and returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\**