

Unannounced Care Inspection Report 26 September 2017



Ravenhill Adult Centre

Type of Service: Day Care Setting
Address: 318a Ravenhill Road, Belfast, BT6 8GL
Tel No: 028 95042980
Inspector: Suzanne Cunningham

www.rgia.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 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 that supports, provides care and day time activities for up to 75 adults who are living with a mental health illness. The setting offers adults opportunities and choices to support their health, social and educational development.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust	Registered Manager: Mrs Suzanne Wilson
Responsible Individual(s): Mr Martin Joseph Dillon	
Person in charge at the time of inspection: Geraldine Carragher (Deputy Manager) Suzanne Wilson for part of the inspection	Date manager registered: Application received - "registration pending" since 27 March 2017
Number of registered places: 75 - DCS-MP, DCS-PH, DCS-SI	

4.0 Inspection summary

An unannounced inspection took place on 26 September 2017 from 10.00 to 15.15.

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 any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing arrangements, training and staff support, risk management, the day care setting environment, care records, audits and reviews, communication between service users and staff, the ethos of the day care setting, listening to and valuing service users, taking account of the views of service users, staff support, management of complaints, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified during the inspection regarding the Statement of Purpose and the Regulation 28 monthly quality monitoring.

Service users said Ravenhill is a "safe place"; "I want to come here more often"; they said Ravenhill helps service users to achieve positive outcomes for example in the "fitness programmes and building our resilience", "we can talk to staff about anything, they give us support, ideas, support us and get us involved in community projects".

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	0

Details of the Quality Improvement Plan (QIP) were discussed with Geraldine Carragher, Deputy Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 11 August 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 11 August 2017.

5.0 How we inspect

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

- The registration details of the day centre
- Information and correspondence received from the registered manager and Belfast Health and Social Care Trust
- Incident notifications which revealed one incident had been notified to RQIA since the last care inspection in August 2016
- Unannounced care inspection report 11 August 2016.

During the inspection the inspector met with:

- The registered manager
- Six service users
- Two care staff
- Deputy Manager.

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. Three were returned by service users, two were returned by staff and two by relatives.

The following records were examined during the inspection:

- One individual staff record
- Four service users care files
- A sample of service users' daily records
- The complaints/issue of dissatisfaction record from April 2016 to August 2017
- A sample of incidents and accidents records from September 2016 to September 2017

- The staff rota arrangements during September 2017
- The minutes of service user meetings held in July and August 2017
- Staff meetings held in June, July and September 2017
- Staff supervision dates for 2017
- Monthly monitoring reports from January to July 2017
- The staff training information for 2016 & 2017
- The settings statement of purpose.

Three areas for improvement identified at the last care inspection were reviewed and assessment of compliance for two areas of improvement were recorded as met, and one area of improvement was recorded as not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 11 August 2016

The most recent inspection of the establishment was an unannounced care inspection.

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

6.2 Review of areas for improvement from the last care inspection dated 11 August 2016

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 17 (1) (2) (3) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Inspector confirmed the review of the quality of care was completed and this was inspected.	

Area for improvement 2 Ref: Regulation 28.3 Stated: First time	The registered provider must increase the frequency of the monthly monitoring visits to ensure they are compliant with this regulation.	Not met
	Action taken as confirmed during the inspection: Inspector confirmed the monthly monitoring visits had been completed however reports were not available for January, March and July 2017. Therefore this improvement was not evidenced as met and will be stated for a second time in the QIP for this inspection	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 22.2 Stated: First time	The registered manager should improve supervision arrangements for care staff in this setting. Each care staff member should receive one supervision session no less than every three months.	Met
	Action taken as confirmed during the inspection: The inspection of supervision records and discussion with staff confirmed this improvement had been achieved.	

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 settings daily staff arrangements and activity records were inspected for September. This provided evidence that sufficiently qualified, competent and experienced persons were working in the centre to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users, safety needs and the statement of purpose.

The competency and capability assessment for the deputy manager who acts up in the manager's absence had been completed however, advice was given to the manager that this should be reviewed at least annually to assess if the deputy manager requires any additional training and that the deputy manager is satisfied regarding their role and responsibility in the managers absence. Observation of the deputy manager in the setting and discussion with her concluded she was undertaking management tasks on a daily basis as the manager was managing two registered day care settings. Discussion provided assurance she had

knowledge of the needs of the service users, staff and service, she was knowledgeable regarding the day care setting regulations and standards, and was promoting the future improvement and development of the service to ensure service users independence and opportunities outside of the setting was promoted.

Discussion with staff revealed they were also cognisant of the day care setting regulations and standards which they were using to inform the activities they were delivering and key working responsibilities. Discussion with a sample of staff revealed they were confident about their role and responsibilities, they said they felt they were well supported and could seek advice from the manager and deputy manager if and when required.

The discussion with service users and staff revealed they had been undertaking activities that were building on service users skills, interests and resilience that aimed to assist service users in keeping themselves safe in the community when they are not in day care.

The discussion with the manager and deputy manager revealed no new staff had commenced since the last inspection however the induction programme in place for all grades of staff included the trust induction, a checklist of duties staff undertake in the day care setting which were appropriate to specific roles and rooms and a competency type of induction such as the NISCC's Induction Standards. These processes should ensure any new staff have the right level of knowledge, skill and understanding to provide safe, effective and compassionate care.

The settings training record recorded staff had received mandatory training and training relevant to their roles and responsibilities. Examples of training staff received in 2016 and 2017 COSHH; safeguarding vulnerable adults; basic food hygiene; personal safety and disengagement training and fire training. Discussion with staff during inspection revealed staff felt they had received training that was important to their role and responsibility and had informed them how to care safely, effectively and compassionately.

The examination of the settings incidents, accidents and notifications forwarded to RQIA found safety issues and risks had been identified, responded to and written records revealed staff had responded to concerns promptly, examined what they could do in day care to prevent reoccurrence and improve the safety of the individual and groups of service users. The sample of records inspected indicated the relevant incidents/notifiable events were reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

During the inspection observations of the environment and inspection of records revealed the environment presented as clean tidy, furniture and resources available for service users to use presented as fit for purpose. Fire safety precautions were inspected and it was noted fire exits were unobstructed, and the fire drill & fire risk assessment had been updated in the last 12 months.

Two staff returned questionnaires to RQIA post inspection, they identified they were "Very Satisfied" regarding questions on "is care safe" in this setting. They identified service users were safe and protected from harm in the setting; they had received safeguarding training and other training essential for their role and have working knowledge of safeguarding policies and procedures; they would report poor care to their manager; risk assessments and care plans were in place for service users and they receive supervision and appraisal.

Three service users returned questionnaires to RQIA post inspection. They identified they were “Very Satisfied” to “Satisfied” regarding the questions “is care safe” in this setting. They identified they felt safe in the setting, the setting was comfortable; and they could talk to staff.

Two relatives returned questionnaires to RQIA post inspection. They identified they were “Very Satisfied” to “Satisfied” regarding the questions “is care safe” in this setting. The questionnaires identified their relatives were safe and protected from harm, they can talk to staff about a range of matters, the environment is suitable.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, training and staff support, risk management and the day care setting environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The centre’s statement of purpose, service users guide and leaflet contained information required by The Day Care Settings Regulations and Standards. The content detailed the arrangements in The North Belfast Day Centre as well as Ravenhill Day Centre, which are not under the same registration but are managed by the same manager. The statement of purpose should be reviewed and amended to ensure it only refers to arrangements for day care and support in Ravenhill Day Centre. An improvement in this regard is detailed in the QIP for this inspection.

Four service user’s care files were inspected; they contained the service user’s individual assessments and care plans which reflected their physical, social, emotional needs. Each service user had an individual written plan and agreement. The inspection of the care records found the assessments of need; risk assessments, care plans and recovery star records were current and had been reviewed. Records were stored safely and securely in line with data protection. Discussions with the staff and service users confirmed the records were created with the service users, particularly the recovery star and the plan which were used to inform areas for service user’s personal development. The service user’s activity / key work time had focused on developing the skills identified as well as empowering service users to identify where they had developed.

Each review meeting record inspected provided evidence that service user/representative involvement was sought and documented, systems were in place to review each service user’s placement within the centre and ensure attending the day care setting was appropriate to meet the service users health and social care needs. The service user risk and other assessments

in place detailed their needs had been assessed, reviewed and updated; they included information to assist staff to respond to risks safely and effectively. In conclusion the settings management of service user's records enabled staff to recognise service users' needs and respond to them effectively.

Discussion with service users found they knew staff in the setting and if they had a concern or worry about their care they could talk to any staff who would help them to resolve their concern. They said staff assists them with activities and their own development; staff support them when they need it and they give them ideas to get involved in community projects or resources. Service users said reflecting on their attendance in this day care setting, they can recognise positive outcomes regarding their fitness, resilience and purpose.

Discussion with staff confirmed they were knowledgeable regarding recognising when service users in their care may need a safeguarding approach, they described they work together to plan and develop programmes for service users' needs. More recently they had developed more opportunities in the community rather than buildings based activities to empower service users to use their community resources. Overall the discussions confirmed the staff were able to confidently express their views and knowledge regarding safe and effective care and how staff work together to support the service users in the most person centred way that was safe effective and meets their needs.

Two staff returned questionnaires to RQIA post inspection, they identified they were "Very Satisfied" regarding questions on "is care effective" in this setting. They identified service users get the right care, at the right time, with the best outcome for them; service users are involved in their plan, staff have the right skills, knowledge and experience to care for the service users; there are systems to monitor quality and safety; staff are informed regarding activities; and staff respond to service users in a timely manner.

Three service users returned questionnaires to RQIA post inspection. They identified they were "Very Satisfied" to "Satisfied" regarding questions on "is care effective" in this setting. They identified they get the right care, at the right time with the best outcome, staff communicate with them, they know their needs and choices, staff help and encourage them, they can choose activities and are involved in their day care review.

Two relatives returned questionnaires to RQIA post inspection. They identified they were "Very Satisfied" regarding questions on "is care effective" in this setting. They identified their relative gets the right care, at the right time with the best outcome, staff communicate with their relative, they know their needs and choices, staff encourage them to be independent, they can choose activities and are involved in their relatives day care review.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, and communication between service users and staff.

Areas for improvement

One area for improvement was identified during the inspection regarding the Statement of Purpose.

	Regulations	Standards
Total number of areas for improvement	1	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.

Discussion with service users, staff and observation of activities found examples of service users being enabled and empowered to maintain their independence and gain confidence. Discussions with service users confirmed they were asked their opinion regarding what they like to do in day care and their ideas and preferences were sought for their plan. Discussion with one service user revealed staff had supported them to realise their potential to be independent and learn new skills, they described the project they were involved in which was developing resources to help others by putting positive affirmations and life quotes on items that can be easily carried. They described the positive outcomes attending the day centre had achieved for them and said staff “keep us well and support us when were not well”.

Staff gave examples of activities they had facilitated for service users of all ages which were informed by service users saying what they wanted to do. Examples were creative activities, developing IT skills, circuits, photography, stress management; walking group, Chi Me (similar to Tai Chi) and cycling group. They described having a person centred approach to delivering care because they wanted the service user to feel valued, involved, informed and engaged in the care and support they receive in the setting and potential to engage service users in using support and activities available in their community.

Discussion with service users confirmed they were invited to attend service user meetings which were planned to be held monthly, there was also a monthly service user’s forum with North Belfast service users which aimed to develop day opportunities for the service users in both settings and improve the support they receive.

The inspection of this domain confirmed there were robust systems in place to promote effective communication between service users and staff. Service users had been consulted with, provided with information, and given choices to make decisions about how they would use the day care setting, this enabled service users to make informed decisions regarding their life, care and how they spent their time in the day care setting.

Two staff returned questionnaires to RQIA post inspection, they identified they were “Very Satisfied” regarding questions on “is care compassionate” in this setting. They identified service users were treated with dignity and respect, involved in decisions, encouraged to be independent and make informed choices, involved in improvements and informed regarding the service they receive.

Three service users returned questionnaires to RQIA post inspection. They identified they were “Very Satisfied” to “Satisfied” regarding questions on “is care compassionate” in this setting. They identified they were treated with dignity and respect, staff were kind and caring, their privacy was respected, they can choose activities and they were included in decisions and support they receive in the setting.

Two relatives returned questionnaires to RQIA post inspection. They identified they were “Very Satisfied” regarding questions on “is care compassionate” in this setting. They identified their relative was treated with dignity and respect, staff treated their relative well, they had no concerns, they had been consulted and involved in their relatives care and staff advocate for their relative. One relative wrote “The staff are very caring and understanding towards my brother and I am very satisfied with the whole staff who work here, very professional”.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the ethos of the day care setting, listening to and valuing service users and taking account of the views of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

The registration certificate was up to date and displayed appropriately. Staff confirmed they had access to a range of policies and procedures in place that they had used to guide and inform their practice.

Supervision records detailed the staff had received recorded individual, formal supervision at least every three months and had a recorded annual appraisal. Inspection of staff meeting minutes revealed they were held on average monthly with minutes and attendance recorded. The content recorded detailed discussions of staff being informed regarding changes to service users’ needs, safety in the setting, community opportunities, policy and procedure changes, training opportunities. Potential to improve practice and reflective practice was encouraged. The records and commentary recorded showed staff discussions were focussed on service users’ needs and improvement.

The complaints record was inspected and this showed two complaints had been recorded from 01 April 2016 to the date of the inspection. They were responded to in a timely manner by staff and staff advocated on the service user’s behalf to improve their wellbeing in the setting. The complaints were resolved and no further issues had arisen.

The Regulation 28 monthly quality monitoring visits were inspected and since the last inspection the frequency had not been improved. The reports for January, March and July 2017 were missing, the reports commented on Ravenhill and North Belfast and there was no detail, analysis or commentary regarding conduct. These reports should be improved to ensure the conduct of this setting is being effectively monitored and potential for improvement

is identified and actioned. The frequency of the reporting is stated for a second time in the QIP for this inspection. The content of the reporting is an area of improvement reported for the first time in the QIP.

Two staff returned questionnaires to RQIA post inspection, they identified they were “Very Satisfied” regarding questions on “is care well led” in this setting. They identified staff felt the service was managed well; quality monitoring was undertaken regularly; management responded to and acted regarding any complaints, issues or suggestions; they could approach the manager regarding concerns; staff meetings were held and communication was effective.

Three service users returned questionnaires to RQIA post inspection. Two identified they were “Very Satisfied” regarding questions on “is care well led” in this setting. They identified they felt the setting was managed well; they knew who the manager was; the staff respond well to concerns, issues or suggestions and they were asked about what they want to do.

Two relatives returned questionnaires to RQIA post inspection. They identified they were “Very Satisfied” to “Satisfied” regarding questions on “is care well led” in this setting. They identified they feel the setting is managed well; they know who the manager is; the staff respond well to communication, concerns, issues or suggestions and they had received information about the complaints process and the setting. One stated “we are dependent on the day services”.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff support, management of complaints and quality improvement and maintaining good working relationships.

Areas for improvement

One new area for improvement was identified during the inspection regarding the monitoring reporting.

	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 Geraldine Carragher, Deputy 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 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 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 28.3 Stated: Second time To be completed by: 24 November 2017	<p>The registered provider must increase the frequency of the monthly monitoring visits to ensure they are compliant with this regulation.</p> <p>Ref: 6.2 & 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: The above has been discussed with the Operations Manager, and monthly monitoring visits have been scheduled for the following six months.</p>
Area for improvement 2 Ref: Regulation 7 Stated: First time To be completed by: 24 November 2017	<p>The registered person shall review and improve the settings statement of purpose, specifically the statement of purpose should be amended to ensure it only refers to Ravenhill Day Centre.</p> <p>Ref: 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: The statement of purpose will be amended to refer to Ravenhill Day Opportunities only from immediate affect - completed.</p>
Area for improvement 3 Ref: Regulation 28 (4) Stated: First time To be completed by: 24 November 2017	<p>The registered person shall improve the Regulation 28 monthly quality monitoring visits reports, they should report on the conduct of this setting and potential for improvement is realised and actioned.</p> <p>Ref: 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: The monthly Monitoring Quality Report will be more reflective in its content in relation to the conduct of the setting and with regards the potential for improvements.</p>

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



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