

Announced Care Inspection Report 19 October 2020



Fortwilliam Centre

Type of Service: Day care
Address: 17 - 19 Alexandra Gardens, Belfast, BT15 3LJ
Tel No: 02895040400
Inspector: Jim McBride

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 45 places that provides day care services for adults who have a learning disability. Some of the people who use the service also have assessed needs related to a physical disability or mental illness.

3.0 Service details

Organisation/Registered Provider: Belfast Health and Social Care Trust	Registered Manager: Adrian Brennan
Responsible Individual: Martin Dillon	
Person in charge at the time of inspection: Adrian Brennan	Date manager registered: 06/04/2018

4.0 Inspection summary

An announced inspection took place on 19 October 2020 from 09.00 to 11.30.

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.

To reduce any risk this inspection was carried out using an on-site inspection approach with socially distanced guidance in place during this announced inspection.

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 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

Evidence of good practice was found in relation to Access NI and staff registrations with the Northern Ireland Social Care Council (NISCC). Good practice was also found in relation to all current Covid-19 guidance and the use of PPE guidelines, Covid-19 education and management including infection prevention and control measures. Individual quality measures in place are completed by staff daily.

It was positive to note that staff had supported both service users and relatives throughout Covid-19 as the centre provided regular contact with service users.

The findings of this report will provide the centre manager 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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr A Brennan, manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 29 July 2019

No further actions were required to be taken following the most recent inspection on 29 July 2019.

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, any notifiable events and written and verbal communication received since the previous care inspection.

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

We ensured that the appropriate staff checks were in place before staff work with service users and reviewed the following areas:

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for Day care. Provided by RQIA for centres planning to reopen

RQIA provided the following information to service users, staff and other stakeholders that will support feedback on the quality of service delivery.

“Tell us” cards were provided for service users and those who visit them to avail of the opportunity to contact us after the inspection with their views. No responses were received prior to the issuing of the report.

A poster was provided for staff detailing how they could complete an electronic questionnaire to RQIA. No responses were received prior to the issuing of the report.

Ten questionnaires were also provided for distribution to the service users and their representatives. Six responses were received prior to the issuing of the report.

Comments:

- “All the girls are sweet an wonderful and I mean all of them.”
- “I’m very happy.”

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

During the inspection we met with two service users the manager, assistant manager and two staff members who gave a comprehensive and knowledgeable overview of the service.

Service user comments during inspection:

- “I’m glad to be back.”
- “Good choices of activities.”
- “Staff are very good.”
- “I enjoy my activities.”

- “We are getting back to normal.”
- “I feel safe and secure.”
- “I’m getting used to the zoom activities.”

Staff comments during inspection:

- “The manager has an open door and we have good communication.”
- “Good training opportunities.”
- “Supervision is one to one and provides an opportunity to discuss all matters.”
- “We are well supported by management.”
- “I feel safe and secure in the environment.”
- “We always listen to service users and discuss choices with them.”
- “Service users are provided with person centred care and involvement opportunities.”

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

6.0 The inspection

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

6.1 Inspection findings

Staff recruitment:

The services staff recruitment processes were noted to be managed in conjunction with the organisation’s Human Resources (HR) Department, located at the organisation’s head office. Discussion with the person in charge identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11 relating to Access NI and NISCC. We reviewed documentation in staff files in relation to pre-employment checks which provided assurances that Access NI checks were completed before commencement of employment.

A review of six staff records confirmed that all staff are currently registered with NISCC. We noted that the manager had a system in place each month for monitoring registration status of staff with NISCC and confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

Service quality:

A number of quality monitoring reports were available for review and we noted some of the comments made by service users, staff, relatives and HSC trust staff:

Service user’s comments:

- “Staff are very helpful.”
- “I have no concerns and enjoy the centre.”
- “I’m happy with the quality of care provided.”

Staff comments:

- “We are doing all we can to support clients.”
- “I have regular supervision and training.”
- “We communicate well with each other,”

Relative’s comments:

- “I would be lost without the centre.”
- “Staff interact with my daughter well.”
- “Staff are friendly and keep me updated as required.”

HSC Trust staff comments:

- “Service users speak highly of the staff and the service.”
- “A good relationship and positive atmosphere here.”
- “Clients have built up valuable relationships in the centre.”

Care planning and review:

We reviewed six care plans in place for individual service users. These fully described the care and support required for individuals and included:

- Referral information
- Care plan
- Individual action plans
- Risk assessments
- Reviews

We noted some of the positive comments made by service users and relatives during their 2019 annual review:

- “I am very happy.”
- “I am very pleased at the way ***** has settled with the care provided.”
- “I enjoy the wide range of activities.”
- “I’m happy with the care and support.”
- “I love my activities.”
- “I can talk to staff at any time I like and they do listen.”

Areas of good practice

Areas of good practice were identified in relation to the completion of checks with Access NI in conjunction with HR Department and staff registrations with NISCC. Quality monitoring reports show clear evidence of satisfaction levels.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Covid-19

We spoke with the staff who were aware and knowledgeable in relation to their responsibility related to Covid-19. Staff stated they were aware of the guidance in relation to use of Personal Protective equipment (PPE) for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

We reviewed the current practices relating to the following areas of guidance and good practice pertaining to Covid-19.

- Dissemination of information to staff
- Monitor staff practice
- IPC policies and procedures
- Infection prevention and control policies and procedures have been updated to address all current guidance in relation to Covid-19.
- Temperature monitored twice daily In line with guidance
- Used PPE storage and disposal
- Staff training and guidance on, Infection prevention and control and the use of PPE equipment, in line with guidance.

We reviewed records relating to Infection prevention and control policies which were in-line with the Covid -19 guidance. Policies and guidance were available to all staff in hard copy within the centres office and staff confirmed they were familiar with the procedures.

We reviewed templates that indicated that service users and staff have their temperatures monitored in accordance with the guidance. Monitoring records also involved asking about and looking out for the following symptoms, fever of 37.8C or above, cough, loss of or change in sense of smell or taste.

Hand sanitisers have been placed in different areas throughout the centre for service users, staff and visitors to use to ensure good hand hygiene.

There was evidence that clear guidance with regards to IPC, donning (putting on) and doffing (taking off) of PPE. There was evidence that staff had completed training with regards to IPC. Training records reviewed verified this. Staff spoken with confirmed their training and were knowledgeable in this area.

The staff on duty demonstrated that they had a good understanding of the donning and doffing procedures and were observed to be using PPE appropriately. The staff discussed the procedures that both they and senior staff spot check the use of PPE by staff during the day. Spot checks on staff practice are undertaken to ensure they are fully compliant with current guidance.

The procedures and guidance in place show 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.

It was positive to note that staff were working well together to support the best outcomes for service users, in a sensitive manner, whilst being caring and compassionate to both service users and their relatives. This was supported by discussions with service users and comments during quality monitoring.

It was 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. Staff are 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 within the centre.

Areas of good practice

- Dissemination of information to staff
- Monitor staff practice
- IPC policies and procedures
- Infection prevention and control policies and procedures have been updated to address all current guidance in relation to Covid-19.
- Staff training and guidance.
- Reopening preparation and guidance.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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