

# Unannounced Care Inspection Report 29 July 2019



## Fortwilliam Centre

**Type of Service: Day Care Service**

**Address: 17 - 19 Alexandra Gardens, Belfast, BT15 3LJ**

**Tel No: 02895040400**

**Inspector: Jim McBride**

[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 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.

The Fortwilliam – Centre provides a varied and structured programme for adults with learning disabilities. A person centred approach underpins the philosophy of care and service delivery.

This is reflected in programmes which are tailored to focus on individual needs and preferences. Through engagement with partner agencies from the statutory, private and voluntary sectors, choice and opportunities are enhanced for service users accessing the day care setting.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast Health and Social Care Trust	<b>Registered Manager:</b> Adrian Brennan
<b>Responsible Individual:</b> Martin Dillon	
<b>Person in charge at the time of inspection:</b> Adrian Brennan	<b>Date manager registered:</b> Adrian Brennan - 06/04/2018
<b>Number of registered places:</b> 45	

### 4.0 Inspection summary

An unannounced inspection took place on 29 July 2019 from 09.00 to 13.00.

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

As a public-sector body RQIA have a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

Evidence of good practice was found in relation to staff training, risk management and infection prevention and control practices. Further areas of good practice were also noted in relation to care records, communication between service users, staff and other key stakeholders, the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users. In addition, good practice was also observed in regard to governance arrangements, staff supervision and appraisal, compliments received, quality improvement and maintaining good working relationships.

There was evidence identified throughout the inspection process that the day centre promotes service users' human rights; this was evident in relation to the areas of consent, autonomy, equality, decision making, privacy, confidentiality and service user involvement.

#### Service users commented:

- "I like the centre."
- "All my activities are good."
- "I have a few things I do here."

- “I enjoy the groups.”
- “I’m treated well.”
- “I like all the activities and the art.”

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Adrian Brennan, registered 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.

#### 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 by RQIA since the last inspection
- Incident notifications which highlighted that no incidents had been reported to RQIA since the care inspection on 24 May 2018
- Unannounced care inspection report dated 24 May 2018.

During the inspection, the inspector met with the manager the deputy manager and one day care staff member. Introductions were made to some service users while walking around the setting with individual interaction with five service users.

Ten service user and/or relatives’ questionnaires were provided for distribution; five service users/relatives’ questionnaires were returned to RQIA within the timeframe for inclusion in this report.

#### Comments:

- “I love coming to the centre and working with my day care worker, she provides lots of activities that I like.”
- “I feel I am supported well by staff and given opportunities to improve my skills.”

All respondents indicated that they were either satisfied or very satisfied that the care being provided to service users was safe, effective, compassionate and well led.

At the request of the inspector, the manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; four responses were received.

The respondents indicated that they were satisfied that the care provided in the day centre was safe, effective, compassionate and well led.

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the day centre to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received.

A range of documents relating to the service were reviewed during the inspection and are referred to within the body of the report.

The inspector would like to thank the service users and staff for their support and co-operation throughout the inspection process.

## 6.0 The inspection

### 6.1 Is care safe?

#### **Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The inspector reviewed the day care setting's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place within the day centre.

There were arrangements in place to ensure that staff are registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates are maintained by the BHSCCT governance department who generate an email to the manager advising when a staff member's renewal date is pending. The manager confirmed that all staff are currently registered with NISCC. Records were available for review.

The manager described the staffing levels which have been assessed as necessary to provide a safe service in the setting. Assurances were provided to the inspector that sufficiently qualified, competent and experienced persons are working at all times to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose.

The rota information evidenced that service users had a core staff team to help provide them with continuity of care and develop positive relationships. This can have a positive impact on the service users' experience of a dignified service.

The setting's training record demonstrated that there was an ongoing programme of mandatory training for staff, relevant to their roles and responsibilities, which will assure staff, know how to keep service users safe. There was evidence that compliance with completing mandatory training was routinely monitored by the manager and any training now due for update was being followed up with the staff by the manager.

Staff feedback regarding training was positive and they confirmed that the manager proactively encouraged and supported staff to access training opportunities over and above mandatory requirements. Examples of additional training included: equality and diversity, quality 2020, dementia awareness, human rights, swallowing awareness, diabetes awareness, incident reporting, customer care, risk assessment and Makaton foundation. The development of a learning culture in the agency which promotes good practice will contribute to better quality of care and improved outcomes for service users.

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The day care setting's governance arrangements in place to highlight and promote the identification of and management of risk were inspected. All incidents and accidents were recorded on an electronic system which are reviewed and audited by the manager, to ensure follow up of any outstanding actions, and the BHSCT governance department. Discussion with the manager and review of sample of records evidenced that there is a robust and transparent system for recording, reporting and investigating any incidents and accidents in a timely manner. This includes consideration of any lessons learnt.

Observation of and discussion with staff evidenced that they were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, discussions with staff evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users.

Discussion with the staff confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to the appropriate professionals. This reflected staff awareness of their safeguarding roles and responsibilities and how they are supported to report concerns through existing management arrangements. This helps to ensure that appropriate and timely action is taken if service users' rights are at risk of being breached. The inspector advised staff to liaise with BHSCT senior management regarding the arrangements for the adult safeguarding position report which is due to be completed by 31 March 2020.

Discussions with the staff also confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response. They were aware of the BHSCT whistleblowing policy if they could not resolve their concerns locally but indicated that they would be unlikely to need this due to the transparent working relationships that existed within the team.

The deputy manager reported that there were no restrictive practices in place within the setting.

Infection prevention and control measures were in place with a good standard of hygiene observed throughout the centre. Measures included the availability of hand sanitisers around the unit and the "seven step" hand hygiene notices positioned at wash hand basins. The environment was spacious and adequately lit.

Records showed a weekly alarm test was carried out. The last fire evacuation drill was undertaken on 22 May 2019. A fire risk assessment had been undertaken in March 2018 and was due review 2020.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to infection prevention and control practices, staff training and risk management.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.2 Is care effective?**

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

The inspector reviewed the day care setting’s arrangements for appropriately responding to and meeting the needs of people who use the service.

Information relating to the nature and range of services provided was outlined in the Statement of Purpose.(2019) Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

The inspector reviewed elements of six service users’ care files; they contained referral information, service user agreements, transport assessments, manual handling assessments, individualised risk assessments, general assessment and care plans. The inspector noted that assessments and care plans were comprehensive, person centred, holistic and concisely reflected the needs of the service users. Particular assessments were in place relating to the different communication needs of all service users. They also gave consideration to the service users’ level of awareness, ability to participate and consent in the assessment and care planning process.

The records viewed were signed, as appropriate, by the service users and their next of kin, evidencing consultation and agreement with arrangements in place.

Discussion with the manager and review of records confirmed there were systems in place to review service users’ placements within the centre and ensure that they are appropriate to meet their health and social care needs. In relation to the records selected for inspection, the reviews were conducted within the required timescales; there was evidence of annual care reviews in partnership with service users and/or their relatives and community keyworkers; these provided positive feedback from service users and their representatives with regard to the day care service. The inspector noted some of the comments made during annual reviews:

- “Staff support me well and offer a variety and choice of activities.”
- “I enjoy coming to the centre and get well supported.”
- “\*\*\*\*\* benefits from the social interaction and friendships.”
- “We are happy with the support \*\*\*\*\* gets at the centre.”
- “I feel well supported by staff.”

- “I get in well with group members.”

Service users’ care records were noted to be well organised and regularly audited. Records were stored safely and securely in line with data protection requirements.

Staff who spoke with the inspector clearly demonstrated the knowledge, skills and experience necessary to fulfil their roles and responsibilities. They were knowledgeable about the centre’s philosophy of care, promotion of human rights and risk management. Staff described how they observe service users, noting any change in dependency or mood and proactively take appropriate measures to promote/ensure the safety and wellbeing of the service user.

Discussions with service users and observation of their interactions with staff evidenced that service users were empowered to express their views routinely on a day to day basis.

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.3 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.**

On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected by the expression of staff attitudes towards service users and service delivery.

Staff were observed informing service users that the inspection was taking place and they encouraged service users to talk to the inspector. Service users were keen to share with the inspector how much they enjoyed attending the day centre and the positive relationships they have with staff.

Care records reflected that a record was kept of each service user’s involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual.

Service users described good relationships with staff, which enabled them to be able to speak to staff if they had any concerns. They confirmed that they felt their views and opinions were taken into account in all matters affecting them. This approach to communication supports the protection and promotion of individualised and person centred care and support for service users.



Staff approaches and responses to services users were noted to be caring, cheerful and compassionate. Staff acknowledged that service users require varying degrees of support with their care needs, and that service users' independence should be promoted in a discreet manner. The inspector observed staff discreetly responding to service users who required such assistance in regards to participating in activities. In addition, staff demonstrated awareness of their responsibilities and requirements to ensure service users' confidentiality and consent.

Service users are advised of what they can do if they are not happy with the service within the Statement of Purpose and Service User Guide. The Service User Guide also provides information regarding what service users should expect from the service, which promotes a rights based approach that empowers service users.

The manager facilitates service user meetings and services users are given a choice whether to attend. A review of a sample of minutes from the last two meetings evidenced service users discussing the following:

- Outings
- Fitness Freddy
- Transport
- User council forum
- Monitoring visits
- Keeping safe
- Health awareness
- Activities and courses.

Fortwilliam Day Service has a well-established service user group. Representatives meet monthly to discuss issues, views and recommendations arising from regular group discussions in relation to the service provided. Through these user meetings, which are usually attended by a member of the management team, all points are discussed, addressed and actions agreed upon. A minute of each meeting is recorded and kept.

This process encourages consultation and a partnership approach to the running and operation of the day care setting.

The service user groups also represent the programme at 'User Council level'. This council of service users from across the Belfast Trust meet with senior trust managers, i.e., operations manager, transport manager and hotel services manager on a quarterly basis. Through these meetings, the views of service users from all learning disability day services are presented and associated action plans agreed.

The setting also facilitates staff meetings and evidence of the past meetings show staff discussing the following:

- RQIA/NISCC
- Policies and procedures
- Health and safety
- Training
- Incidents

- Activities
- Service user updates.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and 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
<b>Total number of areas for improvement</b>	0	0

**6.4 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 inspector sought to assess the day centre’s leadership, management and governance arrangements to meet the assessed needs of service users.

The Statement of Purpose and the Service User’s Guide for the day care service had been reviewed and updated by the registered manager.

The day centre is managed on a day to day basis by the manager with the support of day care workers. There was a clear organisational structure and the registration certificate was up to date and displayed appropriately.

An open and transparent culture was evidenced with the reporting of incidents and accidents. Staff felt able to raise issues with the manager, a learning culture was promoted and best practice shared.

The inspector confirmed that there are a range of policies and procedures in place to guide and inform staff. They are easily accessible to staff via the BHSCT intranet.

Discussions with the staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included the availability of continuous update training alongside supervision/appraisal processes, an open door policy for discussions with the management team and observation of staff practice. A review of a sample of records verified that staff received regular supervision sessions and annual appraisals.

The inspector discussed the monitoring arrangements in compliance with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken monthly and demonstrated a good understanding of the setting.

A sample of reports viewed for February 2019 to June 2019 provided evidence that the visits included engagement with service users and staff; a review on the conduct of the day care setting and development of action points and review of previous action points. The inspector noted a number of comments received from, service users, staff and others.

- “Staff have been a great support to me and my \*\*\*.”
- “The centre is very good and the staff helpful.”
- “I have good supervision and the managers are approachable.”
- “I enjoy coming to see friends.”
- “Communication is excellent.”
- “No worries or concerns staff are helpful.”
- “I’m pleased with support provided to my \*\*\*\*\*.”

The centre’s annual report which provided a review of the quality of care for 2018/2019 was reviewed. This contained all elements as required in Schedule 3 of The Day Care Settings Regulations (NI) 2007.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. Records confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition, it was confirmed that the day centre had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that day centre collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred care and support plan is developed.

Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Adult Safeguarding
- Equity of care and support
- Individualised person centred care
- Individualised risk assessment
- Disability awareness.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, staff supervision and appraisal, compliments received, quality improvement and maintaining good working relationships.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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.



The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)