

Unannounced Care Inspection Report 24 May 2018



Fortwilliam Centre

Type of Service: Day Centre

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

Tel No: 02895040400

Inspector: Jim McBride

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

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

4.0 Inspection summary

An unannounced inspection took place on 24 May 2018 from 09.15 to 14.30.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

Evidence of good practice was found in relation to:

- Providing an attractive, safe and suitable environment for the service users
- Promoting choice for service users
- Service user involvement
- Providing meaningful and fulfilling activities for service users
- Quality monitoring

The inspector spoke with two staff members who stated:

- “We get to know the service users well.”
- “My induction prepared me for the role.”
- “Good training.”
- “My supervision is good and I’m well supported by the manager.”
- “Staff communicate well with each other.”
- “Safeguarding training is good.”
- “The managers are excellent and very supportive.”

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	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.

4.2 Action/enforcement taken following the most recent care inspection dated 19 July 2017

No further actions were required to be taken following the most recent inspection on 19/7/17.

5.0 How we inspect

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

- Record of notifications of significant events
- Record of complaints
- The previous inspection report
- The RQIA log of contacts with, or regarding the day centre

During the inspection the inspector met the manager, deputy manager and spoke with two care staff. No visiting professionals or service users' visitors/representatives were available on the day of the inspection. The inspector observed a number of service users in their activity rooms during the inspection.

At the request of the inspector, the manager was asked to display a poster within the day care setting's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision; two responses were received.

Survey Comments:

"The Centre continues to provide a high quality service that is person centred and focused on the importance of individual needs health and wellbeing."

Staff survey results show that staff were satisfied or very satisfied when asked the following:

- Do you feel satisfied that service users, are safe and protected from harm?
- Do you feel satisfied that all service users are treated with compassion?
- Do you feel satisfied that care delivered to service users is effective?
- Do you feel the service is managed well?

The inspector provided questionnaires to the manager for circulation to service users/relatives seeking their views on the service. No replies were received by RQIA.

The inspector requested that the registered manager place a ‘Have we missed you’ card in a prominent position in the day care setting to allow service users, relatives and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision.” No replies were received by RQIA.

The following records were examined during the inspection:

- Statement of purpose (2018)
- Service user’s guide (2018)
- Minutes of service users’ forum held in 2017/18
- Minutes of staff meetings held in 2017/18
- Reports of quality monitoring visits 2017/18
- Fire risk assessment
- Fire safety checks
- Staff competency assessments
- Six staff recruitment records
- Whistleblowing policy (2018)
- Safeguarding policy (2017)
- Confidentiality policy(2018)
- Data protection policy (2018)
- Staff training records including:
 - Safeguarding
 - Fire safety
 - First aid
 - Complaints
 - Management of records
 - Supervision and appraisal
 - Challenging behaviour
 - Infection control
 - Medication
- Record of complaints
- Record of incidents and accidents
- Four service users’ files and risk assessment records

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

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 19 July 2017

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

6.2 Review of areas for improvement from the last care inspection dated -19 July 2017

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

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 manager and staff confirmed the planned daily staffing levels for the day centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. Staff rotas for 14 to 18 May and 21 to 25 May confirmed the staffing arrangement.

Staff confirmed that staffing levels met the assessed needs of the service users. Discussion with the manager evidenced that there were no concerns regarding staffing levels.

The manager confirmed the arrangements in place to ensure information pertaining to all of the matters specified in Schedule 2 and 5 of The Day Care Setting Regulations (Northern Ireland) 2007 were reviewed. Recruitment records reviewed were satisfactory. A checklist of information regarding pre-employment checks is forwarded to the manager prior to an induction timetable for individual staff members.

There was an induction programme in place for all grades of staff which included the Northern Ireland Social Care Council (NISCC) competency standards, which assists new staff to identify skills they are confident in and areas they may need more development in.

The settings training records demonstrated that staff had received mandatory training and training relevant to their roles and responsibilities. Discussion with staff confirmed they had received training that had assisted them to provide safe and effective care. Staff spoken with clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. One staff member stated "Training is ongoing and frequent."

The examination of the settings incidents, accidents and notifications forwarded to RQIA found safety issues and risks had been identified and managed. Assessments and care plans had been reviewed and updated as necessary to ensure practice was safe and effective. The

sample of records inspected indicated the relevant incidents/notifiable events had been reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the Trust policies and procedures and RQIA were notified appropriately. If any shortcomings are identified safeguards are put in place.

It was identified from discussions with the manager that the BHSCT is reviewing and updating their policy and procedures to reflect information contained within the DHSSPS regional policy 'Adult Safeguarding Prevention to Protection in Partnership' issued in July 2015 and the Operational Procedures. There will be a clear pathway to follow to refer any safeguarding concerns to the appropriate professionals. The manager stated that the organisation has in place an identified Adult Safeguarding Champion (ASC).

The staff on duty on the day of inspection discussed the needs of the service users they were responsible for. They gave a clear description of their needs and how those needs are to be met.

The staff stated their main priorities were to ensure the service users were safe and enjoying their day care experience. The staff confirmed that if they had any concerns regarding safe practice they would discuss this with their colleagues and/or the management team who they described as accessible and supportive. Staff confirmed service users are encouraged to give their views, opinions and preferences.

The inspector noted some of the comments from service users during their annual care reviews:

- “There is a good level of communication.”
- “I’m happy with my activities and the chat.”
- “I can talk to the staff if I have any problems.”
- “Staff are friendly and helpful.”
- “Staff support me well and offer me a variety of choices and activities.”

Staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Staff spoken with gave a comprehensive overview of the service. One service user stated: “The staff are good to me and have time for you.”

Observations of the environment and inspection of records concluded the environment presented as clean and tidy, furniture, aids and appliances presented as fit for purpose. Fire safety precautions were inspected, fire exits seen were unobstructed. The fire risk assessment available had been reviewed on 22 February 2018. Records of weekly alarm tests were in place from January 2018. A record of a fire drill was in place for May 2018.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the centres environment.

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 and the Service User's Guide (2018) provide all of the information required by the regulations and the minimum standards. It was good to note that the current documents are presented in an easy read version to meet all service users' needs.

Service users' files were examined and each was found to contain detailed referral and assessment information on the individual and on his or her functioning, along with a written agreement on the terms of the individual's participation.

Care planning information was included in the records of reviews and referred to the intended outcomes for service users and the extent to which these had been achieved. Care plans clearly reflected the support and assistance required by the individual to achieve his or her goals or objectives. The content of each person-centred care plan was written, appropriately, in and each one presented a clearly individualised plan containing evidence of that person's involvement.

Each of the files examined contained clear risk assessments appropriate to the individual service user, making the risks clear for staff involved in specific aspects of the work with that person. 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. Dates and signatures were present in all of the files examined. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. Well written review records, informed by detailed progress notes and including the service user's views, where possible, were available in all files examined.

The inspector noted an area of good practice in relation to the preparation for review document. This document is completed by staff and the service user prior to their annual review. The document looks at the following information to help service users communicate their thoughts and views during their review meeting:

- Issues during the last year
- Service user views on the standard of care provided
- Change to the service users' situation
- Important events
- Changes in goals/outcomes
- Care plan
- Risks
- Specialist involvement
- Transport arrangements
- Deprivation of liberty/human rights
- Moving on from the service

A wide range of activities is provided in the centre to support development of knowledge, skills and confidence with service users. There is good recently refurbished outdoor space for the enjoyment of service users and staff.

The premises are accessible for service users' groups and activities.

Service users spoke about their experiences of participating in the centre's wide range of activities and all were positive about the benefits they gained from these. During the inspection a number of service users were observed participating in arts and crafts and other activities. One service user stated: "I like it here it's the best place I have been."

The centre facilitates service user meetings that allow service users to comment on any areas relating to them or the centre. All minutes are in easy read version to ensure good communication. The inspector noted some of the areas recently discussed during meetings:

- Health awareness
- Transport
- Monitoring
- Activities
- New service users
- Staffing
- Service user forum

The centre also facilitates staff team meetings at which the following areas are discussed:

- Data protection
- Review of day opportunities
- Policies and procedures
- RQIA
- NISCC
- Training
- Service user updates
- Safeguarding
- Reviews

The evidence indicates that the care provided in The Fortwilliam Centre is effective in terms of promoting each service user's involvement, development, enjoyment and wellbeing.

Areas of Good Practice

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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.

Observations of activities provided evidence of service users and staff relating positively to each other in a respectful and adult manner. All of the service users were introduced to the inspector and were enthusiastic in showing examples of the activities in which they engaged. Service users confirmed that staff involve them in deciding what they want to do during their time in the centre including trips out. The service user comments displays enthusiasm about the enjoyment they get from attending the centre. One service user stated: *"I like the outings local and in Scotland."*

Staff members presented as being committed to providing service users with purposeful and enjoyable experiences at the centre and in other outside activities. In all of the interactions observed, service users were engaged by staff with warmth, and encouragement. Staff demonstrated a comprehensive understanding of each service user's assessed needs and individual care plan. Observation of practice confirmed that service users were afforded choice and were seen to be encouraged by staff in fulfilling and enjoyable activities.

The centre facilitates a service user forum. The Forum was established over 10 years ago in order to hear the views of service users across the BHSCT Trust. The forum provides a platform for services users across Day services to discuss and share ideas and good practice. The Forum gives individual services an opportunity to present information about a topic agreed or discusses some issues they would like raised with senior BHSCT management. It also provides a voice for service users to express their thoughts and opinion on their services. The Forum affords everyone the opportunity to present their agenda; this allows people to take ownership of the forum. Some of the recent topics for discussion include:

- Service user guides
- Talking mats
- Music to support communication
- Good practice issues
- Easy read documentation

The systems in place to ensure that the views and opinions of service users were sought and taken into account included an annual satisfaction survey and reviews of specific aspects of the service. There were a number of good examples of the involvement of service users in influencing decisions in specific aspects of the service.

The inspector discussed the menus with the cook during the inspection. The cook had a comprehensive knowledge of all service users and their individual dietary requirements whilst highlighting her flexibility around the menus and individual choices. This good practice of individual choice and flexibility is to be commended.

Records for service users were presented in appropriate easy read formats that help each person to understand the content. During each monthly monitoring visit, the views of a sample of service users and staff were sought in all of the monthly monitoring reports examined.

The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process. The inspector noted the completed annual review report and has highlighted some of the overall comments relating to the quality of care provided:

- “The management and staff team in the centre are committed to continually improving the centre to provide a high standard of service provision in line with the RQIA standards.”
- “All staff are registered with NISCC and are aware of the benefits of a professionally registered workforce with NISCC Standards of Conduct & Practice.”
- “The service users are actively involved in the running of the centre through regular group and centre meetings and also attendance at the BHSCT quarterly service users’ forum.
- “The centre also continues to maintain strong links with partner agencies, reflected in the wide range of activities and courses on offer and continues to develop new activities and strive to provide the best possible care for service users, taking into account their abilities and wishes.”

The evidence presented at this inspection confirms that compassionate care is provided consistently in The Fortwilliam Centre.

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.

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.

Discussions with the manager and staff and an examination of a range of records, including minutes of staff meetings, staff training schedules, monitoring reports and review reports, provided evidence that effective leadership and management arrangements are in place and effective within the centre.

Discussions with staff and examination of records confirmed that staff meetings had been facilitated. Staff reported that the manager provided detailed information to staff and that they were regularly consulted on a range of decision making aspects of the service. There was evidence from the minutes and from discussions with staff to confirm that working relationships within the staff team were supportive and positive and that team morale was good. Staff commented that the manager’s leadership style was constructive and motivated team members to accept responsibility for their work and for the overall effectiveness of the centre.

The staff who met with the inspector appeared well informed on all aspects of the centre's operations and proved very capable in responding to all of the RQIA requirements for this inspection. It was good to note that staff are supported by the manager to develop their personal skills and avail of any training opportunities.

Staff members viewed supervision as a useful part of their accountability feedback system and of their individual development. Staff reported that the supervision system works well and confirmed that they meet with their supervisor regularly.

There was evidence from discussions with staff to confirm that the ethos of the team is positive and mutually supportive and that ideas for improvement are encouraged. Staff felt they were well supported following any incidents that they found particularly challenging in their work with service users.

Staff are required to be registered with the Northern Ireland Social Care Council (NISCC) details of individual staff member's registration status are retained by the day care setting. Discussions with the manager provided assurances that the day care setting has a process for monitoring the registration status of staff.

Monthly quality monitoring reports were examined and were found to address all of the matters required by regulation. Each report contained reflections from discussions with service users and with staff members. Following quality monitoring any resulting necessary improvements were clearly set out in an action plan. This structured and detailed approach to monthly monitoring aligns well with the centre's commitment to the provision of a high quality service. It should be noted that the monthly quality monitoring reports are provided to service users in an easy read format, this area of good practice is to be commended.

The inspector noted some of the comments made during the monthly quality monitoring:

Service user comments:

- "We are satisfied with the service."
- "I'm happy with the activities and outings."
- "I have no concerns about the quality of care."
- "I'm happy with my outcome and get good support from staff."

Staff comments:

- "I'm enjoying my induction and the new post."
- "We have good access to training."
- "My induction was informative."
- "I have no concerns about the quality of care."

The registered provider has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation. The Statement of Purpose (2018) is kept under review, and has been revised when necessary. The registered person has shown an ability to respond appropriately to regulatory matters and led the organisation in maintaining compliance with Regulations and Minimum Standards.

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

The manager and staff were able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users some of whom have complex needs.

Discussions with service users, staff and the manager highlighted evidence that supports service user equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Safeguarding
- Advocacy
- Equal care and support
- Individual person centred care
- Individual risk assessment
- Disability awareness

The day care setting's commitment to equality and individual person centred care is an area of positive practice and is to be commended. Overall, the evidence available at this inspection confirmed that The Fortwilliam Centre service is well led.

Areas of good practice

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

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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