

# Unannounced Care Inspection Report 30 August 2016



## Fortwilliam Centre

**Type of service: Day Care Service**  
**Address: 17 - 19 Alexandra Gardens, Belfast, BT15 3LJ**  
**Tel No: 02895040400**  
**Inspector: Suzanne Cunningham**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Fortwilliam Centre took place on 30 August 2016 from 10.15 to 16.45 (24 hour clock).

The inspection sought to assess progress with any issues raised during and since the last inspection and to determine if the Day Care Setting was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

The inspection of three service users' individual care files; individual staff records; duty rotas; supervision and training; observations of the setting; discussions with service users and staff; and observations of care evidenced the care delivered was consistent with the settings statement of purpose and ethos. The staffing levels were responsive to service user's needs, welfare and safety.

The staff in Fortwilliam were observed responding to a range of service users' needs. The feedback from service users, staff and relatives was positive during the inspection regarding safe care in Fortwilliam. The premises presented as safe on the day of the inspection.

Overall the inspection of "is care safe?" concluded the minimum standards inspected were being met on the day of the inspection. No areas for improvement regarding this domain were identified during this inspection.

### **Is care effective?**

The inspection of three service users individual care records; incident recording; complaints recording; discussion with the service users and staff concluded care was being delivered at the right time, in the right place, and with the best outcome. Individual care needs had been assessed and the outcome was written into an easy read plan with the service users. Review and monitoring arrangements were in place to review the effectiveness and quality of care delivered to service users.

Overall the inspection of "is care effective?" concluded the minimum standards inspected were being met on the day of the inspection. No areas for improvement regarding this domain were identified during this inspection.

### **Is care compassionate?**

The inspection of records, observations of practice and discussions with staff and service users revealed that service users were being treated with compassion, dignity and respect. Furthermore they were encouraged by staff to be involved in decisions affecting their care and support. Staff were observed listening to service users, valuing their views and communicating with them in a supportive and caring manner.

Overall the inspection of "is care compassionate?" concluded the minimum standards inspected were being met on the day of the inspection. No areas for improvement were identified regarding this domain during this inspection.

## Is the service well led?

The discussion with staff and service users regarding the management arrangements confirmed they were informed regarding arrangements and the staffs role and responsibilities. Documents and records such as audit records, monthly monitoring reports and evidence of staff support demonstrated there were effective arrangements in place to promote quality improvement throughout the setting.

Overall the inspection of “is care well led?” concluded the minimum standards inspected were being met on the day of the inspection. No areas for improvement regarding this domain were identified during this inspection.

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mark Johnston, 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.

### 1.2 Actions/enforcement taken following the most recent type e.g. care inspection

There were no further actions required to be taken following the most recent inspection.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Belfast HSC Trust/Mr Martin Joseph Dillon	<b>Registered manager:</b> Mark Johnston
<b>Person in charge of the home at the time of inspection:</b> Mark Johnston	<b>Date manager registered:</b> 22 November 2011
<b>Categories of care:</b> DCS-LD, DCS-MP, DCS-PH	<b>Number of registered places:</b> 50

### 3.0 Methods/processes

Prior to inspection following records were analysed:

- 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 inspection on 01 March 2016
- Unannounced care inspection report 01 March 2016 and trust response to the inspection.

During the inspection the inspector met with:

- The registered manager
- Two assistant managers
- Five staff
- Four service users specifically about the inspection and a further eight service users regarding what they were doing in the day centre.

Questionnaires were given to the manager to distribute between service users, representatives and staff in Fortwilliam. Four were returned by service users, three by staff and three by relatives.

The following records were examined during the inspection:

- Three service users' care files including a sample of service users' daily records
- The complaint/issue of dissatisfaction record which had two entries recorded from April 2015 to March 2016
- A sample of incidents and accidents records from January to August 2016
- The minutes of monthly service user meeting held in July and service user consultation regarding food; hosted by the catering company in February, April and June 2016
- Team meeting minutes for June 2016
- Staff supervision dates for 2015 & 2016
- Three staff records
- Five Monthly monitoring reports from March to July 2016
- Staff training information for 2015 and 2016
- The staff rota for July and August 2016
- A sample of the Fire safety records for 2016.
- Statement of Purpose
- Service Users Guide.

### 4.0 The inspection

The most recent inspection of the establishment was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

#### 4.1 Review of requirements and recommendations from the last care inspection dated 01 March 2016

There were no requirements or recommendations made as a result of the last care inspection.

#### 4.2 Is care safe?

Discussion with the assistant manager and registered manager during the inspection revealed the day centre staffing arrangements had been stable since the last inspection. Staff members on duty said the number of staff working with the current numbers of service users was a safe ratio. They described there is at least two Day Care workers (DCW) one employed at band 5 level and one at band 3 in each room. The Band 5 DCW takes responsibility for the management of assessment, planning and recording that informs the care and the Band 3 DCW delivers the hands on care. However staff said their roles and responsibilities are flexible to meet the needs of the service users in their care. The rota was written in advance and had been reviewed each day of operation to ensure it reflected the staffing arrangements on that day. The staff rota was sampled for July and August 2016. The record was compliant with standard 23.7 which states a record should be kept of who is working and in what capacity. The inspection of staffing arrangements confirmed these arrangements were in place, they presented as safe. These processes enabled staff to actively review and develop their service to improve outcomes for service users in the short and longer term.

The staff on duty said they discuss openly what staff will do each day, including activities to ensure they provide safe care; in a safe environment. The staff said if they had any concerns regarding safe practice they would discuss these with their colleagues or the management team. They identified the morning meeting is an ideal opportunity to do this to ensure planning addresses any risks and concerns. The discussion with staff confirmed they were proactively promoting safe care for service users in this setting.

Three staff files were examined as part of this inspection. The information provided evidence of competency and suitability to undertake roles and responsibilities. The staff member had received regular supervision meetings with their staff member and an appraisal meeting.

The staff training record was inspected for 2016. The staff mandatory training and training specific to service users' needs record detailed they had undertaken relevant training such as vulnerable adults; fire safety; and first aid within recommended timescales. Examples of service specific training delivered were talking mats (communication) and capacity and consent training. This record and discussion with the management team confirmed staff had received appropriate training to safely undertake their role and responsibilities in this day care setting.

There were specific systems in place that staff use to identify and plan to ensure they avoid unnecessary risks to the service user's health. Examples of documentation were the assessment of need and risk to undertake specific activities. Risks assessed were mobility, epilepsy, continence promotion and independence. Review documentation evidenced these assessments were subject to regular review to ensure they remained current and relevant for the service user. The review of incident and accident recording showed incidents were reviewed in terms of preventing reoccurrence and planning for future safety needs. These records inspected detailed systems are in place to identify and meet service user's welfare and safety needs.

This day care setting had used the activities on offer to promote individuals independence in the setting, in the community and when they are not in day care. Service users are guided and encouraged to make safe choices at a level that is appropriate for them by staff. Furthermore they experience the benefits of social interaction between service users and staff.

The care is delivered in a range of rooms that offer space for small groups, physical activity, learning cookery skills, crafts and computer skills. There is also outside space, a dining area and bathrooms. These were all observed as accessible. The day centre occupies two levels of this building and the third level is offices. There is a lift to enable access, if required to the second floor. The environment presented as functional for this group, warm, comfortable and promoted freedom of movement for all service users. The environment had been decorated with service users' art, crafts and pictures of the service users. This gave the building a homely feel. No obvious hazards internally or externally were noted. Overall the inspection of the premises and grounds identified they presented as safe, well maintained and suitable for their stated purpose.

Four service users were consulted with during the inspection specifically regarding safe care. They described they felt safe coming to the day centre. They attributed that to the environment, the staff and the activities they took part in.

Four service users returned questionnaires to RQIA regarding this inspection. They identified they felt safe in the setting; they could talk to staff if they were unhappy, the setting is comfortable, they could tell someone if they were worried about someone being treated badly and they knew what to do if the fire alarm sounded.

Three relatives returned questionnaires. They responded their relative is safe and protected from harm, they could talk to staff, the environment is suitable to meet their relative's needs and they would report concerns to the manager.

Three staff members returned questionnaires. They responded the care was safe because they had received training to care for service users safely, there are risk assessments and care plans in place for service users, they would report bad practice and they receive support to fulfil their roles and responsibilities

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.3 Is care effective?

The content of the Fortwilliam Day Centre statement of purpose was sampled. Cross referencing the content with the outcomes of this inspection showed this document described the purpose of this service accurately and effectively. For example the philosophy of care describes the staff using a person centred approach, engaging with partner agencies to enhance opportunities for service users and promoting service user's autonomy and choice. The aims and objectives include the process of assessment and planning with each individual service user to ensure assessment of needs and plans are in place that are completed with the service user, any representatives or relatives and appropriate professionals. There is also a strong emphasis on promoting rights and choices of service users through person centred

methods of communication. These examples in practice evidenced the service plans and provide an “effective and safe care model at all times which is personalised and continually focuses on individual service user needs”.

The inspection of three individual service user files evidenced the description of the service in the statement of purpose was being put into practice. For example the assessment had been completed with service users after the commencement of their placement. This was used to draw up a plan with the service users; and had been reviewed at least annually. The staff had recorded they had met regularly with the service user to assess progress with the plan the recording showed this process was led by the needs and views of the service users. Overall it was clear the staff were using effective working practices and had organised time to update service user information. Staff said they needed to maintain records at a high standard to ensure they are up to date regarding service user need and can provide the best care for each individual.

The record keeping formats on the service user’s individual files were produced and completed in accordance with legislation, standards and best practice guidance. For example risk assessments had been completed when necessary, and were reviewed. When a risk assessment was written, the care plan incorporated the outcome of the assessments. The staff had recorded when they reviewed all documents to ensure they remained current and relevant. File audits were recorded and focused on the content and quality of information recorded in the file.

Discussion with service users regarding what they were doing in Fortwilliam revealed a range of projects and activities were available for service users to get involved in. One example was a social farming project led by staff on a local farm. A service user identified this opportunity had helped him to grow in confidence and learn new skills. This process had encouraged him to see what he was capable of in a social enterprise setting; and he identified he had developed an interest in undertaking the tasks. He also identified he could follow instructions and achieve good outcomes. This project was an effective example of empowerment and widening opportunities for service users. Other examples given by service users were a trip on a ferry to Scotland and animals visiting the setting. Similarly service users described these activities as helping them to feel independent and learning new skills.

The individual and group activity schedules were displayed for service users in the setting, in a format they could understand. For example they were written in an easy read format with symbols and or pictures that are familiar to the service users. Service users were familiar where their personal schedule was and the general notice boards. When reading a notice board a service user pointed out who was in the pictures and talked about the activities. In the consultation with service users regarding the activities they gave a clear view that they liked the opportunities available for them, that the activities were influenced by their choices and preferences; and they have a choice regarding what they did in Fortwilliam.

The manager provided evidence of audits undertaken by the staff to ensure any patterns, concerns or deficits are identified in a timely manner and addressed to achieve improvement. Audits included health and safety; individual service user files audits; training; fire safety and the environment. These did not show any concerns regarding risk, or improvements required.

Four service users’ questionnaires identified they were getting the right care at the right time; staff were communicating well with them; their choices are listened to; they choose the activities they take part in; and have been involved in the annual review of their day centre placement.

Three relative's questionnaires responded their relative gets the right care, at the right time, in the right place; they are satisfied with communication with staff; their awareness of their relative's needs; preferences and choices and that these are incorporated into the care they receive; and they are involved in their relative's annual review.

Three staff questionnaires identified service users are involved in their care plan, care plans inform the care provided, monitoring of quality is in place and that staff respond to service users in a timely manner.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.5 Is care compassionate?

This inspection included observation of the morning and afternoon activities, and discussion with twelve service users. These examples provided evidence the staff were responding to and supporting service users in a compassionate way. For example the staff were observed communicating with the service users individually and in groups, in a respectful way that protected service user's dignity and privacy. When looking around the setting the service users walked up to the staff and inspector and joined in the conversation. There was no hierarchy or barriers to communication. Communication was observed happening naturally and at the service user's level of need.

Service users and staff described ways service users have been encouraged to be involved in the day care setting. They identified their views, opinion and expertise is sought regarding a range of matters. From what happens in the day care setting to informing regional guidance and trust user friendly communication. The staff identified there had been a values training session delivered by one of the assistant managers. This had promoted reflective practice to improve the way they communicate and support service users. Staff were reminded of the values of the service that underpin person centred care; support; and best practice. The training aimed to promote staff compassion and effectiveness in this regard.

This setting provided examples of how they had communicated and consulted with service users. For example service user meetings which had focused on evaluation of the care provided, surveys, attending the Knockbracken foods group who supply the setting with meals, consultation regarding the future of learning disability services in the Belfast Trust and a communication group made up of service users and one staff member. This evidence showed the setting are involving service users to ensure there is a meaningful person centred approach to care in this setting. The approach had clearly influenced the programmes of care so they were responsive to service users' needs and preferences.

Service user meetings were inspected for July 2016. The minutes of the meetings revealed the service users met monthly in their rooms and as a setting. They detailed discussions about the centre, the food, the groups and activities, monitoring visits, inspections, courses available, trips, opportunities and news. They demonstrated service users were encouraged to be active participants and were supported as necessary by staff.



Consultation with service users regarding compassionate care provided feedback that they felt well looked after by the staff and liked the social opportunities in the setting. Some service users undertook small jobs in the setting. They said they liked the responsibility and were confident about what they had to do. One service user described the setting as “good and the staff are good”.

Four service users’ questionnaires identified they were treated with respect and are involved in decisions affecting them, the staff are kind and caring, their privacy is respected; they have choices and are involved in decisions.

Three relative’s responded in questionnaires that their relative was treated with dignity and respect and involved in decisions affecting their care. They identified they do not have any concerns, their relative is treated well and they confirmed they are consulted with.

Three staff questionnaires identified service users are treated with dignity and respect, encouraged to be independent; their views are sought and acted upon.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.6 Is the service well led?

The registered manager was present during the inspection and they were supported by deputy managers. The deputy managers had undertaken a competency assessment which evidenced they were competent and willing to take on this role in the manager’s absence. The management and staffing structures were recorded in the settings statement of purpose. The management arrangements in place ensured there was effective management of this day care setting which promoted safe, effective and compassionate care.

The manager provided examples of management and governance systems they have in place which ensure the setting is safe, well managed and service users’ needs are met in compliance with the Day Care Settings Regulations (NI) 2007 and Standards 2012. For example the monthly monitoring visits; the audits of the settings records and the environment, the annual report, service user surveys, training evaluations and staff meetings. The evidence supplied did not identify any concerns regarding the centres compliance.

The monthly monitoring reports were inspected from March to July 2016. The reports available evidenced visits had taken place once per month, as required in regulation 28. The reports did report on the matters to be monitored by the registered person as detailed in Schedule 3. The reports were detailed and described the conduct of the setting.

Policies and procedures were accessible for staff on the intranet. A set of policies and procedures were available for staff reference, they consisted of trust policies and procedures, as well as day care specific policies and procedures.

The complaints record was reviewed and this revealed two complaints/issues of dissatisfaction had been recorded. They had been responded to in a timely manner and resolved locally which was consistent with the settings policy and procedure. Compliments records were also recorded and maintained by staff. The record evidenced service users' experiences of good outcomes and the complimentary comments made by service users and their families.

Discussion with staff confirmed they knew how to respond to a range of situations such as responding to issues of dissatisfaction or a vulnerable adult concern communicated by service users. The staff described the management staff as supportive. They said they have an open door for staff and service users. The staff identified they support each other on a day to day basis. They can ask each other for advice, support and information. The staff and management team described they have a clear focus on not continuing to do what they always have. They described reflecting on the service user experience to make sure the service is responsive and innovative in the care they provide. Examples given were from changing toilet roll holders to suit the needs of the service users, to organising project work and outings which had provided new experiences and promoted improved outcomes of all service users, regardless of their ability.

Discussion with service users revealed they knew who to talk to about any concerns, requests, advice or issues/concerns. The service users named the manager and staff who work in the setting which confirmed they were familiar with all of the staff team. They described all of the staff are good and said they would approach any of them with issues, concerns or ideas.

Four service users' questionnaires identified the service was managed well; they said they knew the manager and could talk to them if they had any concerns; staff had responded well to them and they are asked what they would like to do in the setting.

Three relative's questionnaires described the service was managed well; staff and the manager are approachable, professional and caring. They have a copy of the service user's guide. One relative wrote "if there is a concern the staff usually contact me before I need to contact them".

Three staff questionnaire identified the service is managed well, the service is monitored, and communication between the staff and management is effective.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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