

Inspection Report

1 February 2022



Ballyowen Day Centre

Type of service: Day Care Setting

Address: 179 Andersonstown Road, Belfast, BT11 9EA

Telephone number: 028 9504 5648

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Belfast Health and Social Care Trust (BHSCT)	Registered Manager: Mr Rory John Paul Kavanagh
Responsible Individual: Dr Catherine Jack	Date registered: 4 October 2017
Person in charge at the time of inspection: Mr Rory John Paul Kavanagh	
Brief description of the accommodation/how the service operates: Ballyowen Day Centre is a day care setting with 45 places that provides care and day time activities for people over 65 years of age living with various medical needs. The day care setting is open Monday to Friday and is managed by the BHSCT.	

2.0 Inspection summary

An unannounced inspection was undertaken on 1 February 2022 between 9.30 a.m. and 1.45 p.m. by the care inspector.

This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practice, dysphagia, monthly quality monitoring and Covid-19 guidance.

There were good practice in relation to NISCC registrations, monthly quality monitoring, fire safety and incidents. Good practice was also found in relation to the system in place of disseminating Covid-19 related information to staff.

One area for improvement was identified in relation to adult safeguarding training during this inspection.

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

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA about this day care setting. This included the previous inspection report and any written and verbal communication received since the previous care inspection.

The inspection focused on:

- contacting the service users, their relatives, BHSCT representatives and staff to find out their views on the service.
- reviewing a range of relevant documents, policies and procedures relating to the day care setting's governance and management arrangements.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided. This included questionnaires for service users/relatives. An electronic survey was provided to enable staff to feedback to the RQIA.

4.0 What people told us about the service

We spoke with eight service users and two staff. Following the inspection we made telephone contact with one BHSCT community representative.

In addition we received questionnaires from service users/relatives. Comments made are included in the report. No electronic feedback was received from staff before the issue of the report.

Comments received during inspection process-

Service users' comments:

- "I like coming to the day centre."
- "The staff are brilliant."
- "The service is excellent."
- "You couldn't get better staff."
- "I love the wee centre."
- "I make wee things."
- "I feel all my needs are met and I am happy."
- "I am completely satisfied with the care I receive both at management and staff level."
- "Everyone does their best and I don't expect anymore."
- "I am happy at Ballyowen."

Staff comments:

- “I have learnt a lot from staff.”
- “I really enjoy my job.”
- “We are aware of the Mental Capacity Act and DoLS.”
- “We are aware of our safeguarding roles and responsibilities.”
- “XXXX runs a good team.”
- “(Agency) is approachable and has an open door policy.”
- “During covid-19 we did home visits when we were closed.”
- “We work very well as a team.”

BHSCT community representative’s comments:

- “The day centre is a lifesaver for our families.”
- “The day centre is an amazing service.”
- “There is more professionals looking in on service users at the day centre.”
- “The day centre stimulates the service users and this helps with their sleep.”

5.0 The inspection**5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

The last inspection to Ballyowen Day Centre was undertaken on 4 June 2019 by a care inspector; one area for improvement was identified. A QIP was issued. This was approved by the care inspector and was validated during this inspection.

An inspection was not undertaken in the 2020-2021 inspection year, due to the impact of the first surge of Covid-19.

Areas for improvement from the last inspection on 4 June 2019		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2021		Validation of compliance
Area for Improvement 1 Ref: Standard 17.14 Stated: First time	The registered person shall ensure all accidents and incidents are reported to RQIA in accordance with statutory notification guidelines. Ref: 6.3	Met
	Action taken as confirmed during the inspection: The manager was fully aware of their roles and responsibilities in relation to timely reporting of accidents and incidents to RQIA going forward.	

	RQIA noted that a notification was submitted to RQIA following the last inspection and was reviewed and closed by the appropriate inspector.	
--	--	--

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The day care setting's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

It was noted that staff are required to complete classroom based adult safeguarding training during their induction programme and two updates thereafter. However, it was established that a number of staff and support staff had not completed or updated their adult safeguarding training. An area for improvement has been made in this regard.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. They could describe their role in relation to reporting poor practice and their understanding of the day care setting's policy and procedure with regard to whistleblowing.

The day care setting had a system for retaining a record of referrals made to the BHSCT in relation to adult safeguarding. Discussions with the Manager indicated that no adult safeguarding referrals had been made since the last inspection.

Service users who spoke to us stated they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the day care setting's policy and procedures.

All staff had completed DoLS training appropriate to their job roles; records reviewed evidenced training. Discussion with staff clarified their knowledge of the subject. No current arrangements are required relating to DoLS, this was clarified by the Manager.

The Manager told us that the day care setting did not manager service users' monies.

Staff demonstrated that they had an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

5.2.2 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The Manager identified a number of service users who required assistance with eating and drinking due to having swallowing difficulties; some of whom required their food and drinks to be of a specific consistency. Review of the records identified that the risk assessments were consistently reflected in the care plans.

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). It was positive to note that staff had completed training in relation to Dysphagia Awareness.

5.2.3 Are their robust systems in place for staff recruitment?

The Manager advised that there were no newly recruited staff to the day care setting since the last inspection. There was a process in place to ensure that new staff are recruited in accordance with the regulations and minimum standards.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the Manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The Manager told us that the day care setting does not use volunteers or voluntary workers.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Reports relating to the day care setting's monthly monitoring were reviewed. The process included engagement with service users, service users' relatives, staff and BHSC representatives. The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

We noted the following comment on the day care settings quality monitoring report from a service user's relative:

'the staff are lovely, nice and welcoming.'

There is a process for recording complaints in accordance with the day care setting's policy and procedures. It was noted that no complaints were received since the last inspection.

It was established during discussions with the Manager that the day care setting had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alert's (EAs).

6.0 Conclusion

Based on the inspection findings, one area for improvement was identified; this related to ensuring safe care and a well led service. Service users were found to be receiving effective and compassionate care.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Settings Minimum Standards, 2012.

	Regulations	Standards
Total number of Areas for Improvement	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Rory John Paul Kavanagh, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 13.4 Stated: First time To be completed by: Immediate and ongoing	<p>Staff have completed training on and can demonstrate knowledge of safeguarding, including how to:</p> <ul style="list-style-type: none"> • Recognise abuse whether it occurs or whoever is responsible; • Respond to cases of suspected, alleged or actual abuse; and • Report safeguarding concerns about suspected, alleged, or actual abuse, <p>This relates to all staff including support services staff.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken: All staff including transport / PCSS have been trained in Adult Safeguarding within Ballyowen Day Centre as per Trust / Regional guidelines.</p> <p>All staff due to return from sick leave will have their training record reviewed and updated to reflect any outstanding safeguarding needs.</p> <p>All staff are aware of the reporting guidelines and procedures if they suspect a service user is being abused. This is covered via training, during supervision sessions as well as the reporting process being visually displayed on posters.</p> <p>Adult Safeguarding will remain a regular agenda item in staff meetings and safety huddles.</p>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care