

# Inspection Report

18 September 2024



## Edgcumbe Assessment and Therapy Unit

**Type of Service: Day Care Setting**  
**Address: 8 - 10 Edgcumbe Gardens, Hollywood Road,  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Belfast Health and Social Care Trust (BHSCT)	<b>Registered Manager:</b> Mrs Joan Telford
<b>Responsible Individual:</b> Dr Catherine Jack	<b>Date registered:</b> 27 August 2021
<b>Person in charge at the time of inspection:</b> Mrs Joan Telford	
<b>Brief description of the accommodation/how the service operates:</b>  Edgumbe Assessment and Therapy Unit is a day care setting which provides specialist care to service users living with dementia. The service aims to maintain skills and abilities of people through meaningful activities. The day care setting is operational from Monday to Friday.	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 18 September 2024 between 10.00 a.m. and 4.00 p.m. The inspection was conducted by a care inspector.

The inspection examined the day care setting's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive Practices and Dysphagia management were also reviewed.

Good practice was identified in relation to service user involvement; the management of incidents/accidents; staff training and dysphagia management. There was evidence of good governance and management arrangements in place.

We wish to thank the manager, service users, relatives and staff for their support and cooperation during the inspection process.

### 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.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body RQIA has 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 settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

### 4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, relatives and staff members. We observed a number of service users being supported by staff to participate in a range of activities; service users appeared to be relaxed and staff were observed to be knowledgeable as to the individual needs of service users.

The information provided indicated that they had no concerns in relation to the day care setting.

Comments received included:

#### **Service users' comments:**

- "Great place."
- "Food is lovely."
- "Staff are nice; they look after us well."
- "Love the company and you always get a laugh."
- "No problems with her at all."
- "Happy place."

**Service users' relatives':**

- "No concerns, love it here; the staff show compassion."
- "Could not do without it."
- "It has been such a blessing; the staff go over and above and are aware of my husband's needs."
- "Staff know each individual."
- "Really couldn't fault anything. Very good, nothing is a bother."
- "Could speak to the staff if worried. Staff are so caring."
- "No concerns, staff are so helpful to me. Staff help me with coping with all the changes."
- "Staff give me hints to manage situations."

**Staff comments:**

- "Love it here, I am here 30 years."
- "Lovely place to work; the manager is very good."
- "Manager always looking for projects to drive things forward."
- "Manager is fair and approachable."
- "We have good team work and a lovely atmosphere. Love the service users to bits."
- "I think service users are safe here, they have choice and it is individualised to them."
- "The manager and the deputy are excellent."

Returned questionnaires indicated that the respondents were satisfied with the care and support provided. Written comments included:

- "You couldn't do any better, look at the place it's beautiful."
- "I can't complain about anything. I'd stay here all night."
- "We are safe."
- "The only thing is the transport to and from Edgumbe can be hit and miss sometimes but nothing to do with the staff who are always very kind."
- "The staff are always very helpful."
- "My dad always enjoys coming to the centre and is well looked after."
- "The people in the place are very attentive."
- "The centre is very good and the staff are good."

Transport arrangements had been discussed with the manager during the inspection and relate to the availability of staff to operate the bus service. There was evidence that this matter is kept under review by the manager and concerns escalated to senior managers within the Trust.

There were no responses to the electronic survey.

## 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 care inspection of the day care setting was undertaken on 11<sup>th</sup> October 2023 by a care inspector. No areas for improvement were identified.

## 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.

Discussions with the manager and staff established that they were knowledgeable in matters relating to adult safeguarding and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. There was evidence that staff including ancillary staff had completed appropriate adult safeguarding training. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns. They could also describe their role in relation to reporting poor practice.

The day care setting retained records of any referrals made in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately and information retained in a well organised manner.

Service users said 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.

RQIA had been notified appropriately of any incidents that are required to be reported in accordance with the regulations. Information reviewed indicated that incidents had been managed appropriately; records of incidents were retained both electronically and in a paper format. The day care setting has a good system for reviewing incidents to support them in identifying trends or areas needing improvement.

Staff were provided with Moving and Handling training appropriate to the requirements of their role. A review of care records identified that moving and handling risk assessments and care plans were up to date. The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures. There was also evidence of regular contact with service users and their representatives.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required liquid medicine to be administered orally with a syringe. The manager was aware that should this be required; a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate DoLS training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS.

Details of the person in charge on the day of inspection was clearly displayed along with the menu and daily activities.

A review of the environment found it to be clean and fresh; activity rooms were well decorated and clear of clutter. There was a calm, relaxed atmosphere in the setting and service users were observed to be relaxed in the environment. All areas used by service users were noted to be clean and warm; temperatures are recorded. Bathrooms were observed to be clean tidy and fresh smelling. Handwashing facilities were available and clinical waste bags were in place.

It was noted that a fire risk assessment of the day care setting had been completed on 11 January 2023 and an action plan provided. Staff had completed fire safety training and participated in fire evacuation drills as required. There was evidence to indicate that required fire safety checks had been completed. Fire exits were observed clear of obstructions.

The day care setting had Personal Emergency Evacuation Plans (PEEPs) in place for each individual service user.

Items required to be stored in accordance with Control of Substances Hazardous to Health (COSHH) guidance were observed to be stored appropriately.

Activities planned were observed to be in keeping with the needs of service users; staff described how they support and encourage service users to be engaged in activities in a meaningful way. Staff had supported service users to grow some fruit and vegetables which was then used within the day care setting.

Service users and staff advised that they had recently held a craft fair and coffee morning within the day care setting; a number of service users had made items for selling and took great pride in showing some of the items during the inspection.

## 5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. The service users' care plans are now retained on an electronic system 'Encompass'; they contained details about their likes and dislikes and the level of support they may require. There was evidence that care and support plans are kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also positive to note that the day care setting had service user meetings on a regular basis which enabled the service users to discuss what they wanted from attending the day care setting and any activities they would like to become involved in. Some service users' comments included:

- "Very good."
- "Great, no problems."
- "It's a good service."

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

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

## 5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the day care setting's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was a system in place for professional registrations to be monitored by the manager.

A spot check completed during the inspection indicated that staff were appropriately registered. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The manager advised that there were no volunteers supporting within the day care setting.

### **5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?**

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the day care setting's policies and procedures. The induction programme included shadowing of a more experienced staff member. Written records were retained by the day care setting of the person's capability and competency in relation to their job role.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

### **5.2.6 What are the arrangements to ensure robust managerial oversight and governance?**

There were monthly monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's monthly quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. The monitoring process includes details of a number of monthly quality audits also completed by the manager. There was evidence that the monitoring process supported the manager in identifying trends and/or any areas requiring improvement.

The Annual Quality Report was reviewed and was satisfactory; it included evidence of engagement with service users and relevant stakeholders. Comments included:

- "I think the place is perfect, everyone is so friendly. I live for the days I come to Edgcumbe."
- "My mum is really happy in Edgcumbe and thriving in the environment."

The manager advised that no incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The day care setting's registration certificate was up to date and displayed appropriately.

There was a good system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. It was identified that no complaints were received since the last inspection.

There was a system in place for managing instances where a service user did not attend the day care setting as planned. This included a system for signing in and out the service users who attend.

There was a system that required transport staff or an identified person to check the vehicle at the end of each journey to ensure that no service users remained on the transport. A record of checks completed is retained; this process is audited twice monthly by the manager.

## **6.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Joan Telford, Registered Manager, the deputy manager and a senior manager, as part of the inspection process and can be found in the main body of the report.



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