

Inspection Report

30 August 2024



Towerview Resource Centre

Type of service: Day Care Setting
Address: 60 Bristol Park, Newtownards, BT23 4RJ
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: South Eastern HSC Trust	Registered Manager: Mr Darren Bradshaw
Responsible Individual: Ms Roisin Coulter	Date registered: 05 March 2009
Person in charge at the time of inspection: Mr Darren Bradshaw	
Brief description of the accommodation/how the service operates: This is a Day Care Setting located in Newtownards that provides care and day time activity programmes to people who have a range of health conditions.	

2.0 Inspection summary

An unannounced inspection was undertaken on 10 August 2024 between 9.50 a.m. and 4.20 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

An area for improvement identified related to fire safety.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

We wish to thank the manager, service users 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, 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 and staff members.

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

Comments received included:

Service users' comments:

- "Love it here."
- "Staff are great."
- "Food is good."
- "I enjoy coming to Towerview."
- "Gets me out of the house."
- "Great place and would be lost without it."
- "It's good fun and I enjoy the company."
- "Staff are good to us."

Staff comments:

- "Love working here."

- “Manager is approachable.”
- “We have a good team.”
- “No issues or concerns.”
- “I feel the service users enjoy coming.”

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

- “Very good.”
- “Absolutely wonderful. They promote independence for me. Always someone to talk to.”
- “Happy with the service provided. They make sure I get a good lunch. Always make sure I am safe.”
- “Staff very attentive, caring, considerate and supportive.”
- “Gets me out of the house, I have made good friends.”
- “Love the service provided. Staff knows me and what my needs are.”

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 28 July 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. 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 to the HSC Trust in relation to adult safeguarding. A review of records confirmed no referrals had been made since the last inspection.

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. The review of information relating to incidents indicated that they had been managed appropriately.

Staff were provided with Moving and Handling training appropriate to the requirements of their role. The manager reported that none of the service users currently required the use of specialised mobility equipment. A review of care records identified that moving and handling risk assessments and care plans were up to date.

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, in line with the trust's requirements.

All relevant staff had been provided with training in relation to medicines management. A review of the policy relating to medicines management identified that it included direction for staff in relation to administering liquid medicines. If an oral syringe was used to administer medicine to a service user, this was clearly noted in the daily care records.

The Mental Capacity Act (MCA) (2016) 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.

All areas used by service users were noted to be warm and comfortable. A review of the environment found it to be well decorated, clean, fresh and uncluttered; décor and furnishings in the rooms were matched to the needs of the service users. There was a calm and relaxed atmosphere throughout the day care setting. The dining area was clean and tidy.

Bathrooms were observed to be clean, tidy and fresh smelling. Handwashing facilities were available.

It was noted that a fire risk assessment of the day care setting had been completed on 10 August 2023; there was evidence that actions had been taken to address matters highlighted within the action plan.

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 doors were observed to be clear of obstruction during the inspection; however, we observed that a door leading to the kitchen and a staff office door were wedged open. An area for improvement has been made.

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

The office areas were observed to be well organised and information stored in a secure manner. There was a range of key information displayed for staff reference.

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 contained details about their likes and dislikes and the level of support they may require. The day care setting has recently implemented Encompass an electronic recording system. 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 facilitated service user focus groups 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 matters discussed included:

- Transport
- Garden
- Smoking

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 (Access NI), 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) or any other relevant regulatory body. 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. Their induction 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. Comments included:

- "I love it here; day care enables me to meet people my own generation."
- "Towerview is a great place."
- "Service provided is of a high standard, staff are excellent at passing on concerns."
- "The day centre gets mum out of the house and some company."

The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The manager advised that they were in the process of completing the Annual Quality Report for 2023/24; the manager agreed to forward a copy to RQIA for review.

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 system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. Where complaints were received since the last inspection, there was evidence that these were appropriately managed and were reviewed as part of the day care setting's monthly quality monitoring process.

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 is a process in place whereby an identified person checks the vehicles at the end of each journey to ensure that no service users remained on the transport; and a record of checks is retained.

6.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Day Care Settings Minimum Standards, (revised), 2021.

	Regulations	Standards
Total number of Areas for Improvement	0	1

The area for improvement and details of the QIP were discussed with Mr Darren Bradshaw, 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 August (revised) 2021	
<p>Area for improvement 1</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that fire doors in the day care setting are not wedged open.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Staff directed by the manager that fire doors cannot be wedged open, that this is in breach of fire safety legislation, the Trust's fire safety policy and the Trust's fire safety training. This was shared with all staff during a daily team briefing on 2nd September 2024, the next working day post inspection.</p>

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