

Inspection Report

6 August 2024



Edgcumbe Training and Resource Centre

Type of service: Day Care Setting
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Belfast HSC Trust (BHSCT)	Registered Manager: Mrs Dorothy Forsythe
Responsible Individual: Dr Catherine Jack	Date registered: Acting
Person in charge at the time of inspection Mrs Dorothy Forsythe	
Brief description of the accommodation/how the service operates: This is a Day Care Setting located in Belfast that provides care and day time activities for people living with a learning disability. The care is commissioned by the BHSCT.	

2.0 Inspection summary

An unannounced inspection was undertaken on 6 August 2024 between 9.50 a.m. and 5.00 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 was also reviewed.

Areas for improvement identified related to fire safety and staff training.

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

We wish to thank the manager, service users, a relative 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.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, we want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community.

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

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

Comments received included:

Service users' comments:

- "Like it."
- "Staff are good."
- "Like coming to centre."

Relative's comments:

- "(Service user) loves it here, I am very happy with it."
- "The care is good."

- “No problems, just the bus cancelling at times.”
- “I just speak to the staff or manager if I have any problems; all good.”

Staff comments:

- “Like working here, it is all good. Service users are well looked after.”
- “Great support and great place.”
- “Glad the trust is doing a bit of a refurb.”
- “We get agency staff if we are short and I can raise issues.”
- “Love it here, the service users’ needs come first.”
- “Well supported by the senior team, can go to them with anything.”
- “We tailor the activities to the service users. No complaints.”

HSC Trust representative’s comments:

- “Happy team, good communication.”

During the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:



- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

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

- “Staff are good, Edgcumbe is good.”
- “The staff are nice and kind.”
- “I love it here; I can do my work.”
- “The service is good,”
- “I am very happy at Edgcumbe and enjoy my time here. I love group outings.”
- “I am very happy, my Day Care Worker ensures I am happy and well looked after.”
- “The bus is very busy and can be cramped sometimes.”

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 8 September 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 8 September 2023		
Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021		Validation of compliance
Area for improvement 1 Ref: Standard 21.3 Stated: Second time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that mandatory training requirements are met. This relates specifically to Fire Safety and DoLS training. Ref: 5.1 & 5.2.1	Met
	Action taken as confirmed during the inspection: Inspector confirmed that this area for improvement had been met.	
Area for improvement 2 Ref: Standard 28.6 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that all staff attend a fire evacuation drill at least once a year. shall Ref: 5.2.1	Met
	Action taken as confirmed during the inspection: It was confirmed by information reviewed during and immediately following the inspection that all staff had participated in a fire evacuation drill at least annually.	

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). The day care setting's annual Adult Safeguarding Position report had been formulated and was reviewed and found to be satisfactory.

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 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 that these had been managed appropriately.

Service users who spoke with us said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns .

RQIA had been notified appropriately of any incidents that are required to be reported in accordance with the regulations. The review of information indicated that incidents had been managed appropriately.

Staff were provided with Moving and Handling training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the day care setting's mandatory training programme. 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 commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their 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. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, their care records contained relevant information in relation to the DoL in place. The day care setting has a process for maintaining a DoLS register.

It was noted that a fire risk assessment of the day care setting had been completed in January 2024. An action plan was 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 noted to be free of obstruction however it was noted that fire doors in two of the activity room had been wedged open; action to resolve this was taken immediately. An area for improvement has been identified.

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

All areas used by service users were noted to be warm and comfortable. There was a calm and relaxed atmosphere throughout the day care setting.

A review of the environment found that a number of areas are currently being refurbished. Bathrooms were observed to be clean and fresh smelling; however, it was identified that a number of pull cords needed to be replaced with a wipeable material in keeping with infection prevention and control guidance; the manager confirmed that action had been taken to address this. In addition, we observed a large amount of faulty equipment at the rear of the building, the manager advised that they are in the process of having this removed.

Handwashing facilities were available and information in place in regard to good hand hygiene processes.

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

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users and their relatives, it was good to note that service users had been supported to have an input into devising their own plan of care. Service users were provided with information in a format more suitable to their needs which supported them to fully participate in all aspects of their care. The service users' care plans contained details about their likes and dislikes and the level of support they may require.

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 meetings on a quarterly 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 matters discussed included:

- Transport
- Activities
- Food Safety Pause
- Handwashing

Some service users' comments included:

- "Staff are good, they are kind and look after me."
- "I like going on outings."
- "Staff care about me a lot."
- "I don't like it when there is no bus."
- "Edgumbe is good, the staff are brilliant."

The day care setting had completed an annual review in relation to their practice which incorporated service user and their representatives' feedback.

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

Good nutrition and a positive dining experience are important to the health and social wellbeing of service users. During the lunchtime meal the atmosphere was observed to be calm, relaxed and unhurried. There was choice of meals being offered; the food was attractively presented and smelled appetising, and good portions were provided.

Staff were observed to be present in the dining room with some staff directly supporting service users to eat their meal; we observed a staff member standing whilst supporting a service user to avail of their lunchtime meal. We discussed with the manager the need to ensure that staff supporting service users assist in a more individualised and person centred manner and that there is at all times adequate arrangements for the supervision of service users during mealtimes.

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 care staff had completed training in Dysphagia and in relation to how to respond to choking incidents. However, it was identified that catering staff had not completed training in relation to Dysphagia. An area for improvement has been identified.

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.

It was identified that staff supported one service user with enteral feeding; there was evidence that appropriate training had been provided and competency assessments completed.

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 undertaken 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. 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; we discussed with the manager the need to ensure that induction records are signed off when completed.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by agencies.

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; complaints; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory. Comments included: "Everyday spent at Edgumbe has been happy."

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. 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 in place whereby staff check the vehicles at the end of each journey to ensure that no service users remained on the transport, a record of checks completed is maintained.

We discussed the acting management arrangements which have been ongoing since 15 April 2024; RQIA will keep this matter under review.

6.0 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, (revised), 2021.

	Regulations	Standards
Total number of Areas for Improvement	0	2

The areas for improvement and details of the QIP were discussed with Mrs Dorothy Forsythe, 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	
Area for improvement 1 Ref: Standard 28 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that fire doors are not wedged open. Ref: 5.2.1 Response by registered person detailing the actions taken: Completed; In response to this area of improvement the registered person has implemented a number of measures to ensure that fire doors are not wedged opened moving forward.
Area for improvement 2 Ref: Standard 21 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that all staff including catering staff complete dysphagia training. Ref: 5.2.3 Response by registered person detailing the actions taken: Completed and ongoing. In response to this area of improvement the registered person can confirm that all staff including catering staff have completed or are booked on to dysphagia training.

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