

# Inspection Report

3 May 2024



## Carlisle Day Centre

Type of service: Day Care Setting  
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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> Ms Shauna Breslin
<b>Responsible Individual:</b> Dr Catherine Jack	<b>Date registered:</b> 13 April 2017
<b>Person in charge at the time of inspection:</b> Day care worker. Assistant Service Manager attended for part of the inspection.	
<b>Brief description of the accommodation/how the service operates:</b>  Carlisle Day Centre is a day care setting located in Belfast. The day care setting provides care and day time activities for service users aged over 65 years and those individuals living with dementia. The aim of the service is to provide a person-centred, quality health and social care for individuals living with dementia.  The day care setting endeavours to support service users to maintain skills and abilities through meaningful activities with the aim of them experiencing a more fulfilling life.	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 3 May 2024 between 9.45 a.m. and 3.45 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency'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.

One area for improvement was identified relating to Fire Safety Checks.

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

### 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 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 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 coming; food is great."
- "I enjoy it, I come three days per week. The staff are good."
- "No problems, all good."
- "Love it here. Had a wee run out on the bus."

#### **Staff comments:**

- "Good rapport with service users, they are looked after and safe."
- "Love working here; I have no problem raising issues."
- "I feel service users have choice."
- "My induction was good. The manager is approachable; their door is always open."
- "I feel I could raise a concern if I had one."
- "Love it here, this was the best move I ever made."

- “Service users are well cared for and safe, I love that we have time to actually sit and talk with the service users. “

We observed a number of service users being supported by staff to participate in an activity. Staff were observed to be attentive to the needs of the individual service users and service users appeared relaxed and comfortable.

No questionnaires were returned.

There were no responses to the electronic staff 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 10 March 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. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the person in charge 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 and their understanding of the day care setting’s policy and procedure with regard to whistleblowing.

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 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. The day care

setting had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

RQIA had been notified appropriately of any incidents that are required to be reported, in keeping 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. The person in charge reported that none of the service users currently required the use of specialised moving and handling equipment. They were aware of how to source such training should it be required in the future. 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.

All staff had been provided with training in relation to medicines management. The person in charge advised that staff do not administer medication to service users.

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.

The majority of staff had completed appropriate DoLS training appropriate to their job roles; staff due updates had dates planned. The person in charge reported that none of the service users were subject to DoLS.

Details of the person in charge of the day care setting on the day of inspection was clearly displayed and the activities planned for that day.

All areas used by service users were noted to be warm and clean.

It was noted that a fire risk assessment of the day care setting had been completed on 13 March 2023 and measures taken to address actions. There was evidence that the required daily and weekly fire safety checks had been completed however, it was identified that a number of the monthly checks had not been undertaken. An area for improvement was made. Immediately following the inspection, the assistant service manager advised that they have introduced a process for monitoring that all required checks relating to fire safety are completed.

Fire doors located within the day care setting were observed to be unobstructed throughout the inspection. All staff had completed fire safety training and participated in an annual fire evacuation drill.

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

It was identified that items were stored in accordance with Control of Substances Hazardous to Health (COSHH) guidance.

A review of the environment found it to be well decorated, clean and fresh. There was a calm and relaxed atmosphere in the day care setting. Staff discussed the recent refurbishment work that has been completed in regards to painting of a number of the rooms within the day care setting.

Bathrooms/toilet facilities were observed to be clean, tidy and fresh smelling. Handwashing facilities were available and information was in place in regard to good hand hygiene processes.

### **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. 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 facilitated service user meetings on a two monthly basis, which provided the opportunity for 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:

- Activities
- Meals
- Staffing

Some service users' comments included:

- "I love the bus."
- "Staff can't do enough for us; I love Carlisle."
- "I used to walk about with my head down, now I can't stop smiling."

### **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. Care plans had been updated to reflect information recorded within the SALT recommendations. There was evidence of a robust system in place for ensuring that service users individual recommendations in regards to SALT were adhered to.

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.

There was clear guidance for staff in regards to the actions required following any choking incident that occurred within the day care setting.

#### **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 and information provided 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.

There was evidence that Access NI checks had been completed for ancillary staff and that they had completed Adult Safeguarding training.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC), the Nursing and Midwifery Council (NMC) or any other relevant regulatory body. There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The person in charge advised that there were no volunteers working in 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. Records viewed and discussions with staff indicated that there was a structured, induction programme which also 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.

A review of the records pertaining to Regulation 20 of The Day Care Settings Regulations (Northern Ireland) 2007 and Standard 21 of The Day Care Settings Minimum Standards 2021

relating to staff also identified that they had been recruited, inducted and trained in line with the regulations.

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. Records viewed indicated that staff had completed required training.

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

- "Staff are brilliant; the day centre is a lifeline to us."
- "Staff are very helpful and kind; the food is lovely."
- "Very happy working in Carlisle; service users are treated well with dignity and respect."

The Annual Quality Report was reviewed and was satisfactory; there was evidence of engagement with service users, their relatives and other key stakeholders.

The person in charge 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 noted that no complaints had been received since the last inspection. It was positive to note that information was available for service users in regards to the process for making a complaint in a format appropriate to their needs.

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.

It was discussed with the person in charge the need for 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. It was noted that a system had been introduced however this was noted to not be consistent. This person in charge advised that this would be resumed immediately.

The Statement of Purpose and Service User Guide required updating with the provider address and contact details. The person in charge was also signposted to Part 2 of the Minimum Standards, to ensure the Statement of Purpose included all the relevant information. The person in charge submitted the revised Statement of Purpose to RQIA within two weeks of the inspection.

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

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

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of Areas for Improvement</b>	0	1

The area for improvement and details of the QIP were discussed with the person in charge and the Assistant Service Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 28.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that fire safety checks are completed as required and record retained.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The Regulation 28 monthly monitoring report template has now been updated to include a monthly review of the fire safety file. This will ensure the monitoring officer undertaking the Regulation 28 visit reviews all daily, weekly and monthly fire checks. Any gaps identified at the time of monitoring visit will be highlighted to the person in charge and noted within the 'actions required' section of the Regulation 28 monitoring report. A full audit of the fire file within the centre has been undertaken and the monthly fire checks have remained contemporaneous since August 2023.</p>

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



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