

Inspection Report

30 July 2024



Ballyowen 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

Organisation/Registered Provider: Belfast HSC (Health and Social Care) Trust	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 that provides care and day time activities for people over 65 years of age living with a range of medical needs. The day care setting is operational Monday to Friday.	

2.0 Inspection summary

An unannounced inspection was undertaken on 30 July 2024 between 9.30 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.

Good practice was identified in relation to service user involvement. There were 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 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 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:

- "I love coming, I enjoy the food."
- "Staff are lovely."
- "No problems here."
- "Great wee place."

Staff comments:

- "Love working here, my only concern is that the building is old."
- "I feel listened to. I think the service users are safe here."
- "All good, love the new Encompass system. I really enjoy my job and the manager is really good and very approachable."
- "There is nothing I am unhappy with."
- "Love the service users and love getting them out on a wee trip."
- "Amazing staff team, we all work together. There is an open door policy with the manager."
- "This is a great centre."
- "Day care is a great service; I feel it alleviates stress on service users, their families and other services."

No questionnaires were returned.

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 5 January 2024 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 5 January 2024		
Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021		Validation of compliance
Area for improvement 1 Ref: Standard 17.14 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that all accident, incidents and communicable diseases occurring in the day care setting are reported to RQIA in accordance with legislation. Ref: 5.2.1	Met
	Action taken as confirmed during the inspection: Inspector confirmed that accidents, incidents and communicable diseases occurring in the day care setting had been reported in accordance with legislation.	
Area for improvement 2 Ref: Standard 21.3 Stated: First 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 medicines management and DoLS training Ref: 5.2.1	Met
	Action taken as confirmed during the inspection: Inspector confirmed from information received during and immediately following the inspection that staff had completed required training.	

<p>Area for improvement 3</p> <p>Ref: Standard 14.10</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 records are kept of all complaints and these include details of all communications with complainants, the results of any investigations and the action taken.</p> <p>Ref: 5.2.6</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that a system had been implemented whereby a record is retained of all complaints.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 17.14</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 all staff have completed required fire safety training and fire drills.</p> <p>Ref: 5.2.6</p> <p>Action taken as confirmed during the inspection: Inspector confirmed from information received during and immediately following the inspection that staff had completed required fire safety training and participated in a fire drill.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 25</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 the premises and grounds are safe, well maintained and remain suitable for their stated purpose.</p> <p>This relates specifically to damaged ceiling tiles in the day care setting.</p> <p>Ref: 5.2.6</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that damaged ceiling tiles had been replaced. It was positive to note that some redecoration of a number of areas within the day care setting had taken place.</p>	<p>Met</p>

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 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.

There was a process for retaining a record of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been well organised and 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. Information relating to safeguarding is displayed throughout the day care setting.

RQIA had been notified appropriately of any incidents that are required to be reported in keeping with the regulations. The review of records relating to incidents that had occurred indicated that they 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 none of the service users required their medicine to be administered. 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.

It was identified that the majority of staff had completed DoLS training appropriate to their job roles; there was a plan in place for the remaining staff to complete a training update. 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. It was positive to note that a number of areas within the day care setting had been redecorated and a number of areas had been decluttered of equipment not in use.

It was noted that a fire risk assessment of the day care setting had been completed; 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 unobstructed during the inspection.

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

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.

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. Care and support plans are kept under 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 which provided the service users with the opportunity to raise matters of concern and 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
- Outings
- Food

Comments included:

- “It is a very good place to come, we always have a good day.”
- “The staff are brilliant.”
- “I love the company. Staff are all very nice,”
- “I love the day centre.”
- “Meals are good.”

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) 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. A spot check completed during the inspection indicated that staff were registered appropriately.

The manager advised that there were no volunteers currently providing support 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.

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 and inducted 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; it was discussed with the manager the need to ensure that the information retained accurately reflects training completed by staff.

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:

- "The centre is great, I come in early and get the most out of the day."
- "I like how I am treated."
- "Centre is well led, the manager is relaxed and approachable. I am confident in raising a concern."
- "Staff are lovely."

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

The Annual Quality Report was reviewed and was satisfactory.

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 there was evidence that they had been managed appropriately.

There was a system in place for managing instances where a service user did not attend the day care setting as planned.

There was clear guidance for staff in regard to the actions required should they be unable to access the homes of service users when collecting them for day care. This included a system for signing in and out the service users who attend and for checking the vehicles at the end of each journey to ensure that no service users remained on the transport.

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 Mr Rory Kavanagh, Registered 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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