

Inspection Report

16 July 2024



Bannvale Social Education 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: Southern Health and Social Care Trust	Registered Manager: Mr. Darren Campbell
Responsible Individual: Dr. Maria O’Kane	Date registered: 17 June 2019
Person in charge at the time of inspection: Mrs. Patricia Harbinson (Deputy Manager)	
Brief description of the accommodation/how the service operates: Bannvale Social Education Centre is a day care setting that is registered to provide care and day time activities for up to 90 service users with a learning disability who may also have additional needs arising from physical disability and/or mental health diagnosis. The day care setting is open Monday to Friday and is managed by the SHSCT.	

2.0 Inspection summary

An unannounced inspection was undertaken on 16 July 2024 between 09.00 a.m. and 13.00 p.m. The inspection was conducted by a care inspector. The inspector had attempted to carry out this inspection on 11 July 2024 but the day centre was closed. This was discussed with the person in charge during the inspection and with the manager later, with reference made to Day Care Setting Regulation (2007) 19.3(b), which states that “records are at all times available for inspection in the day care setting by any person authorised by the Regulation and Improvement Authority to enter and inspect the day care setting”. RQIA have now been notified of all upcoming service closures.

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 were also reviewed.

There were no areas for improvement identified during this inspection but the person in charge was reminded of the requirement to inform RQIA in advance of any service closures.

Good practice was identified in relation to service user involvement and feedback from the relatives or representatives of service users. 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.

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 there were no concerns in relation to the day care setting.

Comments received included:

Service users' comments:

- "I like it here."
- "The staff are good to me and I enjoy coming every day."

Service users' relatives'/representatives' comments:

- “The staff are great. My relative loves it and they go the extra mile to meet his particular needs.”
- “It’s a fantastic place. The staff are brilliant.”
- “We know our relative is safe and happy.”
- “My relative loves it here. He loves the structure and daily schedule of activities.”

Staff comments:

- “It’s a fantastic place to work. It’s a great facility.”
- “the care here is great. The staff know the service users so well.”
- “I had a good induction.”
- “It’s so good to be able to have time with the service users.”
- “My induction was good. I shadowed in every room.”

HSC Trust representatives' comments:

- “A really good facility. There’s great team work.”
- “Day Care staff in Bannvale are dedicated in their care and support role with the service users and report any incidents/updates regarding service users in a timely manner and follow up accordingly.”
- “We have a great relationship with the staff and service users in Bannvale and this stems from how welcoming and supportive the staff are to us. Staff will quickly contact us for advice or to update us on a change in presentation to any of the service users. I feel very valued there and enjoying supporting the service users who attend. The staff are so skilled in supporting the service users and they know them so well.”

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

- “I like the staff in Bannvale. I have good friends here. I feel safe here and have lots of fun.”
- “I go to service user meetings every month.”
- “I like Bannvale. We do fun things in Bannvale.”
- “I find the management very approachable and friendly.”

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 2 March 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 2 March 2023		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 28 Stated: Second time	The registered person must ensure that the quality monitoring process reviews risks within the day care setting and highlights areas for improvement. Ref: 5.2.4 & 5.1	Met
	Action taken as confirmed during the inspection: Inspector confirmed monthly monitoring reports were available and up to date at the time of inspection. These were completed by one of two monitoring officers, confirming action had been taken to address the issues.	
Action required to ensure compliance with the Day Care Settings Minimum Standards (revised), 2021		Validation of compliance
Area for Improvement 1 Ref: Standard 28 Stated: First time	The registered person shall ensure that fire safety precautions are in place that reduce the risk of fire and protect service users, staff and visitors in the event of fire. This relates specifically to fire safety checks being completed as required. Ref: 5.2.1	Met
	Action taken as confirmed during the inspection: Inspector confirmed that fire risk assessment had been reviewed on 10 May 2024, and weekly fire checks had been completed. Fire checks are now part of the monthly monitoring process. Action has been taken to address the issues.	
Area for Improvement 2 Ref: Standard 28.6 Stated: First time	The registered person shall ensure that all staff attend a fire evacuation drill at least once a year. Ref: 5.2.1	Met

	<p>Action taken as confirmed during the inspection: Inspector confirmed that fire drills were up to date at the time of inspection, with a list of attendees included. Action has been taken to address the issues.</p>	
<p>Area for Improvement 3 Ref: Standard 29.3 Stated: First time</p>	<p>The registered person shall ensure that staff who manage medicines are trained and competent. Ref: 5.2.5</p> <p>Action taken as confirmed during the inspection: Inspector confirmed medication training was up to date at the time of inspection. Action has been taken to address the issues.</p>	Met
<p>Area for Improvement 4 Ref: Standard 19 Stated: First time</p>	<p>The registered person shall ensure that entries made in the daily diary and other documents are recorded in ink. Ref: 5.2.6</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that action had been taken in this area and the issue had been discussed at a staff meeting on 25 April 2023. Action has been taken to address the issues.</p>	Met
<p>Area for improvement 5 Ref: Standard 23.7 Stated: First time</p>	<p>The registered person shall ensure that a record is kept of staff working each day and the capacity in which they work. They should ensure that the day care setting's staff rota accurately reflects those persons supplied. Ref: 5.2.6</p> <p>Action taken as confirmed during the inspection: Inspector confirmed that the staff rota was available and showed grades and room allocation. Action has been taken to address the issues.</p>	Met

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 had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. 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 records confirmed that where the day care setting was unable to provide training in the use of specialised equipment, this was identified by the day care setting before care delivery commenced and training was requested from the HSC Trust.

A review of care records identified that moving and handling risk assessments and care plans were up to date. Where a service user required the use of more than one piece of specialised equipment, direction on the use of each was included in the care plan. Daily records completed by staff noted the type of equipment used on each occasion. A review of the policy pertaining to moving and handling training and incident reporting identified that there was a clear procedure for staff to follow in the event of deterioration in a service user's ability to weight bear.

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/person in charge advised that no service users required their medicine to be administered with a syringe. The person in charge 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 Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The person in charge reported that nine of the service users were subject to DoLS. A resource folder was available for staff to 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. Service users were provided with easy read reports 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 services 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 centre and any activities they would like to become involved in.

The day care setting had completed an annual review in relation to their practice which incorporated service user and their representatives' feedback (Regulation 17). This was disseminated to all of the service users, in an easy read format.

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 had been 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.

The person in charge reported that a number of service users required support with enteral feeding. A number of staff had completed training and competency assessments in this area. Record viewed that only staff with the appropriate training could support service users with enteral feeding.

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 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.

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. There was a robust, structured, three-day 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. The person in charge reported that both NISCC and SHSCT induction forms were being used. The inspector advised that it would be useful to have one document.

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, staffing arrangements and fire checks.

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, 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 centre as planned. This included a system for signing in and out the service users who attend. There was also a system in place with transport staff 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 Mrs. Patricia Harbinson, Deputy Manager and person in charge at the time of inspection, and Mr Darren Campbell, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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