

Unannounced Care Inspection Report 2 May 2019



Wilson House Resource Centre

Type of Service: Day Care Service

Address: 17 Raceview Road, Broughshane, Ballymena, BT42 4JL

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Inspectors: Maire Marley, Ruth Greer

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Wilson House is a Day Care Setting with 50 places that provides care and day time activities for people living with a disability, or a social or health vulnerability, including those with dementia.

3.0 Service details

Organisation/Registered Provider: NHSCT Responsible Individual: Anthony Baxter Stevens	Registered Manager: Colette Fairley
Person in charge at the time of inspection: Colette Fairley	Date manager registered: 3 October 2017
Number of registered places: 50	

4.0 Inspection summary

An unannounced inspection took place on 2 May 2019 from 9.30 to 16.00.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

RQIA, as a public-sector body, have 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 settings, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. People who attend day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with the centre.

During the inspection the inspectors saw good evidence that the day care setting promoted service users' human rights particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement. Service users were observed moving freely around the centre and making independent choices in regard to activities and food and drinks provided.

Evidence of good practice was found throughout the inspection in relation to staff training and development, adult safeguarding and risk management. The care records were well maintained and evidenced a person-centred approach to care delivery.

It was evident the culture and ethos of the day centre promoted how the service users are treated with dignity and respect and their independence maximised. There was evidence of good overall governance and management systems and arrangements were in place for the registered person to formally obtain service users and their representatives' views on a monthly basis.

The findings of this report will provide the day care setting with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the manager, as part of the inspection process and can be found in the main body of the report.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous RQIA inspection report
- all correspondence received by RQIA since the previous inspection

During the inspection the inspectors spoke with the registered manager, four staff members, three representatives and a number of service users. Service users were observed in discussions with each other and staff whilst completing their activities and during their mid-day meal.

Service users' comments:

- "The staff are excellent."
- "I enjoy outings and activities."
- "I have no complaints."
- "I can speak with staff if I have any concerns." Where are the representative comments?

Representatives comments

- "This is a wonderful centre."
- "Staff in Wilson House are excellent, I know my mother is always safe here."

Staff comments during inspection:

- "Good induction and supervision."
- "It's good to see people getting out of the house, benefiting from the centre and the activities."
- "I'm aware of the NISCC standards."
- "We get good support from the manager."
- "Good team communication."

A range of documents policies and procedures, relating to the service were reviewed during the inspection and are referred to within the body of the report.

6.0 The inspection

6.1 Inspection findings

6.2 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager is based in the day centre and is supported by a team of day care workers, volunteers, a clerical officer and facility support staff.

On the day of inspection the staffing arrangements were found to be satisfactory and sufficient to meet the needs of service users. Duty records examined contained details of the number of staff on duty, hours worked, and information of the specific care duties allocated to staff. Discussion with the registered manager and staff confirmed that staffing levels were appropriate to meet the assessed needs of service users.

Staff reported that effective arrangements are in place to support them and included induction, training, supervision and appraisals. New staff receive a structured induction to ensure they are familiar with service users' needs along with the settings routines and procedures and this was validated during the review of staff records.

Agency staff are used when necessary to maintain staffing levels, the manager reported the centre was availing of one agency staff to cover a three month planned leave and confirmed the same staff member was used to provide continuity of care. There was evidence that induction had been completed and relevant employment information and proof of identification obtained prior to the staff commencing duty.

A review of the staff training records found that all staff had up to date mandatory training and had accessed additional training and development relevant to the needs of service users.

The day care setting had arrangements in place to identify, manage and where possible eliminate unnecessary risks. There was evidence that comprehensive risk assessments and safety management plans were completed inclusive of service users and when appropriate their representatives. Risk assessments were personalised and included information specific to each person and their needs. The records examined provided evidence that the day care setting had attained a balance between promoting autonomy and maintaining safety.

A range of health and safety risk assessments were in place and included fire risk assessments, fire safety training and fire drills. All staff had received up-to-date safeguarding and health and safety training appropriate to their role and were aware of how to identify and report concerns. The service undertook regular health and safety checks that ensured a safe environment was maintained. A fire risk assessment was in place and had been reviewed in June 2018; however there was no date for the next review. The inspectors suggested that it would be beneficial if the next review date was recorded on the document. A fire drill was undertaken in July 2018.

Arrangements had been implemented in regard to the recording and reporting of accidents and incidents. Notifications of such events were submitted to RQIA as required. A review of the records confirmed that all accidents and incidents reportable and those not required to be reported to RQIA had been managed in a timely and appropriate manner. Accidents recorded were found to be managed appropriately.

A review of policies confirmed there was a policy and procedure on restrictive practice in keeping with Department of Health (DoH) Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and Human Rights Act (1998). It also included Deprivation of Liberty Safeguards (DoLS).

Staff consulted were very aware of the impact of human rights legislation within their work and the following comments indicated their understanding of their role in promoting service users rights:

- “Important to tell service users of the potential circumstances and then encourage them to make their choice.”
- “Everyone here has the same rights, free to make their own decisions and do things independently”
- “As a staff member I have a responsibility to explain the rights service users have here in the centre.”

Arrangements were in place to ensure service user care records and staff -personnel records were stored securely in line with General Data Protection Regulation(GDPR) This meant people could be assured that their personal information remained confidential.

Safeguarding and whistleblowing policies and procedures were in place to help protect service users and help minimise the risks of abuse. Safeguarding procedures were understood by staff members who were spoken with during inspection, they confirmed that practice throughout the centre was of a high standard and that training had been provided for all staff in 2018. It was noted that the policies and procedures were in line with the regional guidance and the Trust had a named Adult Safeguarding Champion. The manager confirmed that the organisations’ safeguarding position report was in the process of being developed and would be available in March 2020.

Observation of the environment was undertaken during a walk around the day care setting, this confirmed that the environment was warm, clean, fresh smelling and had suitable lighting. The standard of hygiene observed throughout the centre was found to be very good and the inspectors commented staff on their efforts in maintaining a high standard.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessment and management, fire safety, the physical environment, staff training and support, and adult safeguarding.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The centre's Statement of Purpose and Service User Guide were reviewed and revealed that the documents accurately reflected the elements set out in the regulations and standards. It was good to note that the documents contained reference to the Trust's commitment to promoting the human rights of service users. The inspectors suggested methods to further develop the reference so that it was more explicit and user friendly. The manager was responsive to the suggestions.

Prior to starting day care, service users are assessed to ensure the centre can meet their identified needs, each person is then provided with a service user guide that informs them of their right to full involvement in all aspects of their care, the guide includes information on how service users can raise a concern or complaint if necessary, regarding the quality of care. It was evident from records viewed and staff discussion that the centre organised and delivered services to meet individual needs and took account of individual preferences. The accommodation provided in the centre was appropriate to meet the needs of the people attending.

Care planning documentation was in place for each service user and was written and reviewed in a way that ensured care delivered was current, the records were available to relevant staff. Records included referral information, service user agreement, contact information and personal outcomes. A range of assessments were carried out and were specific to each person needs, for example moving and handling, falls risk, behaviour that may challenge, swallowing and choking and transport. Each care plan included the rights of service users and improving their outcomes. The assessments provided information to staff that assisted them to minimise risks and to keep service users safe and included a detailed care plan.

Records of annual care reviews for each service user demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. A written review report was available in files examined and included the views of the service user and/or their representative and was informed by the written progress notes. It was noted that the comments made by service users during their annual reviews were all very positive. Records examined were signed and dated and there was evidence that a regular audit of the documentation was undertaken.

There was evidence that the advice and input of other professionals had been requested when necessary and that staff worked closely with these professionals to deliver care that was effective and person centred.

Systems to promote effective communication between staff, service users and their representatives were reviewed during the inspection. We found evidence of communication that supported the protection and promotion of individualised and person centred care for service users. One representative told us how staff cared for their loved one and detailed the support that was also extended to him by the staff team. A comment included "They not only

look after ----- but they also look out for me and they always check how I am managing, they have signposted me to other relevant services.”

During discussions with staff it was evident the care they provided to service users within the setting was effective. Staff were knowledgeable regarding service users’ needs and care plans; they described how intervention with each service user was person centred depending on their individual needs. To ensure continuity of care staff checked daily to ascertain if there were any changes or updates they needed to be aware of.

The interactions observed between staff and service users throughout the inspection confirmed that staff were suitably skilled and effective in communicating with all service users. There was good evidence of person centred interventions that assured service users were involved and communication opportunities maximised.

Discussion with staff and service users with regards to the provision of effective care included the following comments:

Service Users’ comments:

- “The steps programme has really helped me maintain my mobility.”
- “I just love coming here and doing art, the tutor and staff are brilliant, this helps me forget all my worries and I can now concentrate better, before my head was all over the place. ”
- “The manager and staff work really hard to ensure we get the care we need, everything is geared to help us, I would recommend this centre to anyone. “

Staff comments:

- “I believe the care we provide is very effective, we ensure the routines and activities are tailored to the person’s needs.”
- “We have a great team here who all enjoy their work, working together ensures we know all our service users and their needs and interests and plan care that is effective in meeting those needs.”

All staff interviewed on the day expressed positive views on the quality of service provided and on the confidence they had in the practice of their colleagues.

Areas of good practice

There were examples of good practice found in relation to assessment of needs and risk assessments, audits of records, communication between service users, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

This inspection sought to assess the day care setting's ability to treat service users with dignity, equality and respect, and to fully involve service users in decisions affecting their care and support.

Discussions with service users and staff and observation of care during the inspection showed that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the day centre. Staff interactions with service users were observed to be respectful, compassionate, caring and timely, with staff providing clear information, using appropriate language and demonstrating active listening skills.

Throughout the day staff were observed to stimulate and encourage service users to participate in a range of activities that promoted positive outcomes for their health and well-being and encouraged meaningful social engagement. In discussions with several service users, they spoke highly of their activities and how they were involved in the planning of them.

Staff described the informal arrangements in place that ensured service users are consulted on a daily basis and their views and opinions sought. This included daily ongoing discussions with service users and checking out before the commencement of each activity that people were willing to participate. More formal arrangements to promote effective communication with service users and/or their representatives were facilitated through care reviews and service user meetings. A sample of the minutes of these meetings were reviewed and provided evidence of service user involvement in the decision making process.

Evidence of additional opportunities for service users and their carers to express their views was contained in the annual satisfaction survey undertaken and reported on in the Annual Quality Report May 2018.

A review of the records of the monthly monitoring visits found that the views of service users and their carers were sought on each occasion and reflected in the report of the visit.

There were measures in place that confirmed all service users, irrespective of their needs were supported and encouraged to have equal opportunity for access to meaningful activities and engagement with others. It was encouraging to note the range of displayed information available to service users to encourage them to independently select a range of other options and services available in the community.

Discussion with service users with regards to the provision of compassionate care included the following comments:

- “Staff are kind and caring, you could not ask for better.”
- “Excellent staff who always have time to listen to you.”
- “I really enjoy coming here, it is relaxing and the company is great”
- “We are involved in all the decisions and are given different choices in menus, activities and who we want to visit the centre.”

Representative’s views

- “This is a great centre, the manager and staff are so approachable, and always respect your views and opinions.”
- “Very caring respectful team, lovely people.”

Four service users returned completed questionnaires on the day of inspection and all indicated satisfaction in all areas of care provided.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspection was facilitated by the manager who demonstrated a very good understanding of The Day Care Setting Regulations, minimum standards and the systems and process in place for the daily management of the day centre.

We assessed the setting’s leadership, management and governance arrangements to ensure they were meeting the needs of service users and found them to be in line with good practice and the regulatory framework. Inspection of the premises confirmed that the current RQIA certificate of registration was displayed within a prominent position.

There was a clear organisational structure and staff consulted demonstrated knowledge of their roles, responsibility and accountability. The manager confirmed that the registered provider was kept informed regarding the day to day running of the day centre through, for example, monthly monitoring visits made on behalf of the registered provider.

The registered manager discussed her commitment to driving improvement in the service and described the importance placed on supporting and valuing staff to develop and improve their skills and knowledge base.

A range of policies and procedures were in place to guide and inform staff, during the inspection staff discussed their knowledge of policies in regard to whistleblowing, safeguarding and complaints, it was evident they were fully familiar with the action required to be taken by them in the event of any concern. From the discussions with staff it was evident they enjoyed working in the day care setting and enjoyed good working relationships with their colleagues.

There are arrangements in place to ensure staff are registered with the relevant regulatory bodies of the Northern Ireland Social Care Council (NISCC). Information regarding staff registration details and renewal dates were maintained. The registered manager confirmed that staff were aware that a lapse in their registration would result in the staff member being unable to work within the centre until their registration was suitably updated.

Review of staff supervision records established that supervision was in keeping with the minimum standards and staff commented positively on the supportive role of supervision and they were complimentary in regard to the manager's leadership style stating that it was an encouraging and facilitating role that promoted staff involvement in the decision making process and contributed to their motivation and the overall success of the centre.

The complaints and compliments record examined found the centre had received numerous compliments, comments in one compliment received in January 2019 described staff as; "Professional, diligent and very helpful." There had been no complaints since the last inspection and there was evidence that records were audited on a regular basis.

Records examined provided evidence that regular staff meetings were held and records of the meetings maintained. The record included the names of staff in attendance and agenda items. Relevant information was discussed regarding the needs of service users, forward planning and the arrangements to ensure the delivery of safe and effective care. Staff unable to attend the meeting signed and dated the minutes to confirm that they had read them.

The inspectors can confirm there was evidence of arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. A range of audits are undertaken weekly and monthly and included health and safety audits, audits on care records, cleanliness audits, staff training, supervision, fire prevention and checks on professional registration.

The Regulation 28 monthly quality monitoring visit reports for the past three months were reviewed and found to be unannounced visits. The reports were found to be satisfactory and adhered to the elements specified in Regulation 28.

The inspectors discussed the measures in place in relation to promoting equality of opportunity for service users and the importance of staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager discussed the ways in which staff development and training enabled them to engage with a diverse range of service users. It was confirmed that no issues regarding equality had been raised by service users to date.

Some of the areas of equality awareness identified during the inspection included:

- effective communication
- service user involvement
- equal care and support

- individual person centred care
- individual risk assessment

The day centre had collected equality data on service users such as; age, gender, race, disability, marital status via their referral information.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and compliments, incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

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7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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