

Unannounced Care Inspection Report 17 November 2017



Wilson House Resource Centre

Type of Service: Day Care Setting

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

Tel No: 02825863820

Inspector: Dermott Knox

www.rgia.org.uk

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

This is a Day Care Setting with 50 places, providing services for people who are elderly and infirm, some of whom may present symptoms of dementia; also people with a physical disability, mental ill health, sensory impairment, or a learning disability.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual(s): Dr Anthony Baxter Stevens	Registered Manager: Mrs Colette Fairley
Person in charge at the time of inspection: Mrs Colette Fairley	Date manager registered: 03 October 2017
Number of registered places: 45 - DCS-DE, DCS-I, DCS-LD, DCS-MP, DCS-PH, DCS-SI	

4.0 Inspection summary

An unannounced inspection took place on 17 November 2017 from 10.00 to 17.30.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the day care service was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to:

- understanding and responding to service users' needs
- involvement of service users and, where appropriate, their carers
- ensuring a safe environment
- maintaining care records
- providing appropriate information for staff
- staff development and training
- staff supervision
- monitoring the quality of the service
- management and leadership

A number of matters were discussed with the manager for the purpose of clarification and planned developments. No areas requiring improvement were identified.

Service users said:

- "One of the good things about here is that staff really do respect what you want, so, if I want to be on my own, there's no pressure for me to be in a group activity."
- "I'm as happy as could be, just couldn't be better."
- "All the staff are excellent and we are all very well cared for."

The findings of this report will provide the day care service 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 Mrs Colette Fairley, Registered Manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 16 January 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 16 January 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed.

This included the following records:

- record of notifications of significant events
- record of complaints
- Quality Improvement Plan from the previous inspection on 16 January 2017
- the RQIA log of contacts with, or regarding Wilson House Resource Centre

During the inspection the inspector met with:

- five service users in a group setting
- two service users individually
- two care staff in individual discussions
- the cook in a tour of catering facilities
- two relatives of service users
- the registered manager at the commencement and conclusion of the inspection

Questionnaires were left with the manager to be distributed to service users and their relatives. Nine completed questionnaires were returned to the inspector by 01 December 2017, seven from service users and two from relatives.

The following records were examined during the inspection:

- file records for three service users, including assessments and review reports
- progress records for three service users
- monitoring reports for the months of April, July, September and October 2017
- records of two staff meetings held in September and October 2017
- minutes of service users', (termed Clients' Council) meetings for September 2016 and May, August and October 2017
- record of incidents and accidents
- record of complaints
- selected training records for staff, including staffs' qualifications
- records of staff supervision
- records of Day to Day Procedures
- record of the latest quality survey of service users and their carers
- the Statement of Purpose
- the Service User's Guide
- fire safety records, including records of an evacuation of the premises on 20 June 2017

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 16 January 2017

The most recent inspection of the day care service was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 16 January 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 26 (2) (b) Stated: Second time	The registered persons must ensure the identified bathroom door (room 33) is replaced. Consideration should be given to fitting an appropriate protective sheeting along the bottom third of the door to help prevent future damage from service user's electric wheelchairs, manual wheelchairs or walking aids.	Met
	Action taken as confirmed during the inspection: The necessary work had been completed to comply with this requirement.	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 23.3 Stated: First time	The registered provider should ensure that the signature of the staff member is recorded within the competency and capability assessment alongside the manager when competency is achieved.	Met
	Action taken as confirmed during the inspection: The identified assessments had been signed by both the staff member and the manager.	
Area for improvement 2 Ref: Standard 18.1 Stated: First time	The registered provider should ensure that the reviewed and revised adult safeguarding policy is available to staff within the centre.	Met
	Action taken as confirmed during the inspection: The paper copy of the latest safeguarding guidance was available to staff and for this inspection.	

6.3 Inspection findings

6.4 Is care safe?

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

The Wilson House Day Centre premises were well maintained and in good decorative order, with no obvious hazards for service users or staff. There is a wide range of rooms of varying sizes available for group activities and for individual work with service users, when necessary. The central, courtyard outdoor space has garden seating and planting areas, though it was not much used at this time of year. The manager conducted a tour of the premises, which were found to be clean, well-decorated and suitable for the purpose of the day care service. All areas appeared safe and welcoming for those who attended. Care for people with dementia is in a dedicated suite of rooms in which specific safety matters, relevant to their needs, have been included.

Staff members presented as being attentive and caring to service users and expressed strong commitment to their work which, they said, is enjoyable and rewarding. New staff undertake a detailed induction programme, as described by the most recently appointed care assistant. She said that it had taken several months to work through all aspects of the programme in the required detail, and confirmed that it had been a positive learning experience. Staff members, who met individually with the inspector, confirmed their confidence in the practice of all members of the staff team in their work with service users. Competence and capability assessments had been completed for those Day Care Workers who may be left in charge of the centre in the absence of the manager.

Safeguarding procedures were understood by staff members who were interviewed. They expressed the view that practice throughout the centre was of a high standard and that team members worked well together. There was evidence of a safeguarding concern having been reported appropriately by staff. Systems were in place to ensure that risks to service users were assessed regularly and managed appropriately and this included inputs by health and social care professionals, service users and, where appropriate, a carer. Different aspects of the fire safety checks were carried out and recorded on a daily, weekly or monthly basis, in keeping with the Trust's procedures. Fire exits were seen to be unobstructed. Fire safety training was provided for staff members on 20 September 2017 and this is repeated annually. A Fire risk Assessment Report, dated 23 May 2017 and completed by a suitably qualified person, was available for inspection.

Risk assessments with regard to moving and handling, transport, falls, emergency evacuation, or other areas, such as choking, specific to an individual, were present where relevant and each one had been signed as agreed, either by the service user or a representative. Observation of the delivery of care, throughout the period of the inspection, provided evidence that service users' needs were being met safely by the staff on duty.

Several service users spoke very positively of their enjoyment of attending the centre and confirmed that they felt safe and well cared for in the premises and in the transport vehicle. Staff presented as being well informed of the needs of service users and of methods of helping to meet these needs safely. Observations of staffs’ practice with service users confirmed that there is a high level of attention paid to their safety.

Written guidance is provided to service users on their rights and the methods available to them of raising a concern or making a complaint, should that be necessary. Several people confirmed that discussions had been held with service users to help them understand and use the procedures for making their views known to staff. The monitoring officer includes safety checks and audits in each monthly visit, reports of four of which were examined.

The evidence presented supports the conclusion that safe care is provided consistently by Wilson House Day Care Service.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to:

- adult safeguarding
- risk assessment and management
- fire safety practice
- staff training
- induction and good practice expectations
- information sharing
- infection prevention and control
- the home’s environment

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 the Service User’s Guide provide the information required by the regulations and the minimum standards. The manager expressed her intention to develop a more accessible version of the Service User’s Guide and this is good practice.

Three service users’ files were examined and each was found to contain detailed referral and assessment information on the individual and on his or her functioning, along with a written agreement on the terms of the individual’s participation. Care planning information was clearly set out and identified the support and assistance required by the individual to achieve his or her objectives. The content of each care plan related accurately to the identified needs of the

individual, as set out in written assessments. For example, one person's plan was titled "Re-abling Plan", as it focussed specifically on structured development.

Each of the files examined contained clear risk assessments appropriate to the individual service user, making the risks clear for staff involved in specific aspects of the work with that person. A record was kept of each service user's involvement and progress at the centre and entries were made in proportion to the person's needs and to the frequency of his or her attendance at the centre. Dates and signatures were present in all of the files examined. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. Well written review records, informed by detailed progress notes and including the service user's views, where possible, were available in all files examined.

The premises are spacious, accommodating a wide range of service users' groups and activities to support each person's care plan. There is an enclosed courtyard garden area providing a safe outdoor facilitate for the involvement and enjoyment of service users in fine weather.

Service users spoke about their experiences of participating in the centre's activities and all were positive about the benefits they gained from these. Activities included music and drama, art, quizzes, an in-house library, computer use and exercise groups for better fitness.

Completed questionnaires were returned by seven service users and two relatives.

Comments made by respondents included:

- "All staff treat us with respect and are very nice".
- "Very satisfied".
- "Excellent".

Overall, the evidence indicates that Wilson House provides a good quality, effective day carte service.

Areas of good practice

Examples of good practice in effective care, found throughout the inspection, included assessment of strengths and needs, care planning, care reviews, communication between service users and their carers and the management and staff of the centre. There was evidence of positive links and relationships between the centre and a number of community-based professionals within the Northern Health and Social Care Trust.

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.

Observations of activities throughout the centre provided evidence of service users relating positively to staff and to each other. Service users sat around tables on arrival at the centre and enjoyed tea or coffee. Staff members were observed interacting sensitively with service users and being attentive to each person's needs. Staff demonstrated a good knowledge of each service user's assessed needs and worked to engage each one in a personalised manner. There was evidence from service users discussions to show that the centre's staff successfully motivate people to participate in a range of programmes that have positive outcomes for health and wellbeing. In all of the practice observed, interactions between staff and service users were warm, respectful and encouraging. Service users confirmed that staff listen to them and involve them in deciding what they want to do during their time in the day centre.

There were measures in place to ensure that the views and opinions of service users were sought formally and taken into account in all matters affecting them. These included an annual survey and a report of the findings, most recently completed in January 2017. Results of the survey of service users' and carers' satisfaction (76 responses) were very positive, with 96% of respondents rating staffs' help as either excellent or good. Over 90% of respondents rated the activity programmes as either excellent or good. In discussion at lunch, five service users confirmed that meals were always of a good standard, that the activities were enjoyable and that staff members were, "great". One complaint was received by the centre in the past year, regarding the late arrival of the transport bus to pick up a service user in the mornings. This matter was resolved to the service user's satisfaction.

During each monthly monitoring visit, the views of a sample of service users were sought and their views were reflected in all four of the monitoring reports that were reviewed at this inspection. Comments by service users, in monitoring reports included:

- "I do the STEPS Programme. I think this place is wonderful." and,
- "This place has definitely made a difference to me. I have made really good friends."

In a discussion with the inspector, one relative commented, "My wife looks forward to coming here. This has been a lifeline for us." Another, who drives a family member to the centre twice per week, said, "There's just one word for this centre and that's Excellent".

The monitoring officer identified by initials those service users who were interviewed at each visit, ensuring that a wide range of views would be sought over the period of each year. In each of the monitoring reports examined, service users' comments were entirely positive about the quality of care provided for them and about the staff who worked with them. Records of service users' meetings, in May, August and October 2017, provided evidence of a wide range of topics being discussed and each included linking information on outcomes from the previous meeting. Staff confirmed that there were always opportunities for service users to have their views listened to.

The evidence indicates that Wilson House Resource Centre consistently provides compassionate care to its service users.

Areas of good practice

Examples of good practice were found throughout the inspection in relation to:

- the culture and ethos of the day care setting
- listening to and valuing service users
- commitment to understanding each service user's needs
- facilitating service users' involvement in a range of activities and leisure interests
- building positive relationships with carers
- maintaining records of each service user's involvement
- warm and compassionate interactions between staff and service users

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 create a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussions with the manager, seven service users, two relatives and three staff members, and an examination of a range of records, including minutes of staff meetings, staff training schedules, monitoring reports and review reports, provided evidence that effective leadership and management arrangements are in place in Wilson House Resource Centre. There was evidence in the centre's most recent annual quality survey to show that service users and their relatives rated the service very positively.

Staff training records confirmed that staff had received mandatory training and training specific to the needs of service users in this setting. Additional training topics during 2017 included, 'Diabetes Awareness,' and 'Equality'. Discussions with staff and examination of records confirmed that staff meetings were held monthly and that the staff team was well involved in discussing issues related to the operations of the centre. Staff reported that the manager updated information regularly and that they were consulted on a range of decision making aspects of the service. This was further evidenced in the 'updates diary', which contained entries by several different staff members and the manager. There was evidence from the clear and well detailed staff meetings minutes and from discussions with staff, to confirm that working relationships within the team were positive and supportive and that team morale was good. Staff commented that the manager's leadership style motivated the team to maintain and improve the efficiency and effectiveness of the centre.

Staff who met with the inspector were well informed on all aspects of the centre's operations and proved very able in contributing to RQIA's requirements for this inspection. It was good to see that all care staff held relevant qualifications and that staff were being supported to further their qualifications. Staff members viewed supervision positively and records showed that formal supervision was taking place more frequently than the minimum standard requirement. There was evidence from discussions with staff to confirm that ideas for improvement are

encouraged. Staff felt they were well supported following any incidents that they found challenging in their work.

Four monthly monitoring reports were examined and were found to address all of the matters required by regulation. Each report contained well-detailed feedback from discussions with members and with one or two staff members. A sample of service user records was checked during each visit and a check completed of an aspect of the centre's compliance with a selected standard or area of performance. Any resulting necessary improvements were clearly set out in an action plan. This approach to monthly monitoring aligns well with the centre's commitment to the provision of a high quality service. Overall, the evidence available at this inspection confirmed that Wilson House Day Care Service is well led.

Areas of good practice

Examples of good practice found throughout the inspection included, planning, staff training, supervision, building good working relationships, delegation, information sharing, governance arrangements including monthly monitoring, management of complaints, management of incidents and accidents, promoting fulfilment for service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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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