

Unannounced Care Inspection Report 25 September 2018



Wilson House Resource Centre

Type of Service: Day Care Service

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

Tel No: 02825863820

Inspector: Dermott Knox

www.rqia.org.uk

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 fifty 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: 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: 3 October 2017
Number of registered places: Fifty	

4.0 Inspection summary

An unannounced inspection took place on 25 September 2018 from 10.15 to 16.45.

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 planning, organising, leadership, staffing, staff training, activity arrangements for service users, promoting independence, safeguarding vulnerable adults, consultation with and inclusion of service users in decision making, care planning and reviews.

No areas requiring improvement were identified.

Service users said: "I come here two days a week and I would hate to be without it. The company and the activities are great and you wouldn't find better staff anywhere".

"That word-search game helps to keep us thinking and puzzling. It's wonderful how many words we come up with some days."

"The staff organised an exhibition of our paintings and we had a great response."

"We do all sorts of things here. Some people like art and some like to knit and we also do exercise programmes to keep us mobile. And, the dinners are very good."

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 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 17 November 2017

No further actions were required to be taken following the most recent inspection on 17 November 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
- inspection report from the previous inspection on 17 November 2017
- the RQIA duty log of contacts with, or regarding Wilson House Resource Centre
- The Statement of Purpose
- The Annual Quality Review Report, dated 8 May 2018

During the inspection eight service users provided us with information and their views on the day care service in which they participate. Four service users spoke with us individually and four in a group, while they worked on their art pieces. Three day care staff were interviewed individually and brief discussions were held with other care staff and a domestic staff member in their work environments. One volunteer and one relative of a service user also met individually with the inspector.

The following records were examined during the inspection:

- Three service users' files.
- Minutes of four staff meetings held in May, June, July and August 2018.
- Reports of four monitoring visits for May, June, July and September 2018.
- Records of the investigation and outcomes of allegations of poor practice, concluded 24 August 2018.
- Staff training records for 2018, including future scheduled training.
- Supervision records for two staff members.
- Record of complaints.
- Record of Incidents and Accidents.

- Fire safety records.

A Northern HSC Trust Governance Department report of service users' satisfaction levels dated 12 September 2018, based on a survey completed in March/April 2018.

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 17 November 2018

The most recent inspection of the establishment was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 17 November 2017

There were no areas for improvement made as a result of the last care 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.

Care premises were found to be well maintained and in good decorative order, with no obvious hazards for service users or staff. The premises were originally designed and built to function as a residential care home, which was later discontinued and the premises adapted to house the resource/day centre on the ground floor with offices on the first floor accommodating teams of community professional health and social work staff. The day centre has a variety of sizes of rooms arranged around a central, open-air garden. This provides safe and attractive outdoor space for service users' activities and relaxation when the weather is suitable.

Staffing arrangements in Wilson House were found to be satisfactory for the number of service users attending the centre. Daily records were kept of the staff on duty and some of the specific care duties were allocated to individual, or pairs of staff, on the basis of service users' assessed needs. Staff training was up to date for safeguarding vulnerable adults, for fire safety and for other key aspects of the safe care of service users. Discussions with the registered manager and the staff who were consulted confirmed that the staffing numbers were appropriate to meet the assessed needs of the service users.

Staff confirmed in discussions that newly appointed staff followed an induction programme that incorporated elements from both NISCC Induction guidance and from day care minimum standards and indicated that the induction requirements were met at appropriate intervals and were signed off by both the staff member and the supervising day care worker. Discussion with one of the day care workers confirmed that she had received relevant training in the induction of newly appointed care assistants and would be carrying out this role with a staff member who will join the team in the near future. There is a system in place to monitor the NISCC registration and renewal dates of care staff along with the currency of training updates.

The manager confirmed that 'Adult Safeguarding, Prevention to Protection in Partnership Policy and Operational Procedures', issued in July 2015, have been incorporated in the centre's policy and procedures manual and that updating of policies is an ongoing process. The manager and staff demonstrated an understanding of their respective roles in safeguarding vulnerable adults, with staff confirming their commitment to report concerns. One allegation of poor care practice had been managed appropriately in relation to ensuring the safety and wellbeing of the identified service user. Staff re-training and appropriate enforcement of good practice standards had been implemented to ensure the necessary improvements were followed. The matter had been reported in accordance with the registered provider's and RQIA's procedures.

Staff confirmed that they felt care was safe in the centre and that they had confidence in the practice of their colleagues in the team. One of the day care workers, who takes charge in the absence of the manager, said she was confident that all staff understand the appropriate measures to ensure the safety and wellbeing of service users. Each of the staff demonstrated an understanding of the need to continually assess risks regarding each service user's mobility, involvement in activities and safety awareness when on outings, including while travelling in the day centre's vehicles.

Observations of the environment and inspection of records provided evidence that the centre was safe, clean and tidy. Infection prevention and control measures were in place and a good standard of hygiene was evident throughout. This included the provision of liquid soap dispensers, the availability of hand sanitisers and the prominent display of hand hygiene notices at wash hand basins. Staff confirmed that training has been undertaken with respect to Infection Prevention and Control.

Fire prevention records showed that daily, weekly and monthly checks and tests were carried out appropriately, in keeping with fire safety procedures. A fire evacuation was undertaken in September 2017. Staff reported that this had been completed smoothly and without undue stress for service users. A fire risk assessment was undertaken on 5 June 2018 with no actions identified that needed to be addressed. Fire safety training for staff was provided for some staff on 8 May 2018 and for the remainder on 5 September 2018.

A relative spoke highly of the service and confirmed that he is confident of the safety of service users while they attended Wilson House Resource Centre. He said, "Everything about Wilson House is very satisfactory". He also stated that his family member had not been keen, initially, to attend a day centre, but by the end of the first day was well settled and keen to go back again.

Areas of good practice

Examples of good practice were found throughout the inspection in relation to staff induction, supervision and appraisal, adult safeguarding, infection prevention and control, fire safety, risk management and 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 regulations and minimum standards. Eight service users contributed to discussions in the course of the inspection and the feedback was entirely positive. All service users confirmed that the service had contributed very positively to their lives, through participating in activities in the centre and from enjoying occasional outings which were arranged by the centre's staff. In the NHSCT Governance Department's survey of service users and their relatives, carried out in March/April 2018, respondents rated the day care service at the highest level in almost all categories.

Three service users' files were examined during this inspection 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 attendance. Care plans were structured in a pro-forma that provided information clearly on the person's assessed needs, the planned objectives and the actions required in order to meet the objectives. Each of the files examined contained risk assessments appropriate to the individual service user, making the risk and vulnerability levels clear for staff involved in the work with that person. Written records were kept of each service user's involvement and progress at the centre. Entries were made in keeping with the frequency stipulated by the minimum standards. 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. Review records were available in each of the files examined and these included a comment on the service user's views. Dates and signatures were present in all of the care records examined.

There are five spacious rooms available for group activities and the groups are planned in relation to the service users' needs, choices and agreed programmes. Observations of the work in three of the groups confirmed that, where assistance was required, for example with mobilising or personal care, staff provided it discretely and respectfully. Eight service users presented positive views of the enjoyment and support that they gained from taking part in the centre's activities, such as arts and crafts, boccia, cookery, gardening, bingo, music and reminiscence. Service users confirmed that meals were always of a good standard. Six people spoke of the value they gained from each other's company and the general humour and friendship that goes with it.

Evidence from discussions with service users, from written records and from observations of interactions between service users and staff, confirmed that service users viewed the centre as an enjoyable place in which to spend their time. All three staff members, who met individually with the inspector, confirmed that they were committed to providing good quality care for service users and that they were well supported in this work. Overall, the evidence indicates that the care provided is effective in promoting each service user's wellbeing and fulfilment.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of constructive activity programmes, motivational and supportive care objectives, care records, audits and reviews, communication between residents, 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.

Observations of activities throughout the centre provided evidence of service users and staff relating positively to each other in a respectful and adult manner. Many of the service users were introduced to the inspector and eight people were enthusiastic in talking about the activities in which they engaged throughout their time in the centre. Service users confirmed that staff involve them in deciding what they want to do. Several people stated that they enjoy everything about the centre and that it is important for them to have contact and friendships with others. Four service users spoke individually with the inspector and four others in a group, with all providing enthusiastic comments on the enjoyment they got from attending the centre and the kindness and caring qualities of staff members.

Staff members presented as being committed to providing service users with purposeful and enjoyable experience at the centre and in community based activities. In all of the interactions observed, service users were engaged by staff with warmth, and encouragement. Staff demonstrated an understanding of each service user's assessed needs and individual care plans. Observation of practice confirmed that service users were afforded choice and were seen to be encouraged by staff in fulfilling and enjoyable activities.

The systems in place to ensure that the views and opinions of service users were sought and taken into account included an annual satisfaction survey and occasional other surveys of specific aspects of the service. Most recent of these was a survey of the views of service users and their carers/relatives, carried out in March and April 2018 with the final report being produced by NHSCT in early September 2018. Service users and their carers unanimously rated their experiences of the overall quality of care provided as being 'Very Good'.

Staff and service users confirmed that service user meetings were held regularly. Records of these were available but were not examined on this occasion. In addition to discussions of matters arising in the centre, service users were regularly consulted on the planning of events and activities within the centre. The encouragement of service users' involvement in planning appears to contribute positively to their confidence in expressing their views.

Records for service users were presented in appropriate formats that helped each person to understand the content. During each monthly monitoring visit, the views of a sample of service users were sought and their comments were included in all of the monthly monitoring reports examined. The evidence presented at this inspection confirms that compassionate care is provided in Wilson House Resource Centre.

Areas of good practice

Examples of good practice found throughout the inspection included, communicating with service users appropriately, listening to and valuing service users, individualising communication methods with each person, involving service users' views in the decision making process, identifying fulfilling activities for service users in the community, encouraging service users' socialising and group support.

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.

Evidence relating to the quality of leadership of Wilson House Resource Centre was gathered from a range of written, oral and observational sources. Discussions were held with the manager, eight service users, one relative, one volunteer and three staff members. A range of records, including minutes of staff meetings, staff training schedules, staff supervision records, monitoring reports and quality review reports, contributed evidence of effective leadership and management arrangements in the centre. The registration certificate was up to date and displayed appropriately. The Statement of Purpose for the day care service was reviewed (and updated) by the provider on 3 May 2018. The document clearly describes the nature and range of the service to be provided and addresses all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. Evidence gathered at this inspection indicates that the service is currently operating in keeping with its Statement of Purpose.

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 2018 have included, Dysphagia Awareness; Equality,

Good relations and Human Rights; Protection of Personal Information Act; and a practical demonstration session on the operation of a new height-adjustable bath. 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. There was evidence from the well detailed staff meetings minutes and from discussions with staff, to confirm that working relationships within the team were positive and supportive. Team morale had been negatively affected for several weeks, following allegations of poor practice. The allegations were thoroughly investigated and found to be partially accurate. Appropriate corrective actions were implemented and staff reported that they were well supported throughout these events. Two staff members commented that the team had regained its positive morale and is now stronger than before. Records of these events were well detailed.

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 knowledge and skills in their respective roles. Records showed that formal supervision was taking place in keeping with the minimum standard requirement. There was evidence from discussions with staff to confirm that ideas for improvement are encouraged and three staff stated that the registered manager's leadership style motivated the team to maintain and improve the efficiency and effectiveness of the centre.

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 Resource Centre is well led.

Areas of good practice

Examples of good practice found throughout the inspection included, planning, staff training, supervision, information sharing, governance arrangements including monthly monitoring, management of complaints, management of incidents and accidents, promoting interests and 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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