

Unannounced Care Inspection Report 18 December 2018



Edgumbe Training & Resource Centre

Type of Service: Day Care Setting
Address: Edgumbe View, Belfast, BT4 2EG
Tel No: 02895 04 31 30
Inspector: Suzanne Cunningham

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 Day Care Setting provides care and support for up to 135 adults aged from 19 years of age who live within the Belfast Trust area. Service users have a learning disability and may have a range of additional disabilities/conditions including profound and multiple disabilities, complex healthcare needs, dementia, autism, mental ill health, behaviours which challenge and sensory impairment. The setting provides day care activities for service users who can attend a set number of days per week Monday to Friday.

3.0 Service details

Organisation/Registered Provider: Belfast Health and Social Care Trust	Registered Manager: Irene Maguire
Responsible Individual(s): Martin Dillon	
Person in charge at the time of inspection: Irene Maguire	Date manager registered: 20 May 2009
Number of registered places: 135	

4.0 Inspection summary

An unannounced inspection took place on 18 December 2018 from 10.00 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 establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff induction; staff training; adult safeguarding; potential restrictive practices; infection prevention and control; risk management; the day centre's environment; care records; audits and reviews; and communication. Further areas of good practice were found in relation to the culture and ethos of the day care setting; listening to and valuing service user's views; promoting service user's independence; governance arrangements; quality improvement; and maintaining good working relationships.

No areas requiring improvement were identified.

Service users were asked to tell RQIA their thoughts about Edgcumbe, they said: "we like to come to the centre"; "everyone is welcome"; "were all friends here"; "staff know what makes us happy".

Relatives were asked to tell RQIA their thoughts about Edgcumbe, they said: "care is first class"; and staff are "100% on the ball".

The findings of this report will provide the establishment 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 Irene Maguire, 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 29 and 30 November 2017

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

5.0 How we inspect

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

- The registration details of the day centre.
- Information and correspondence received by RQIA since the last inspection.
- Incident notifications which highlighted 16 incidents had been notified to RQIA since the last care inspection.
- Unannounced care inspection report and quality improvement plan from 29 & 30 November 2018.

During the inspection the inspector met with the registered manager, the staff on duty and more focused discussions were completed with a group of four staff at lunch time and a group of six staff after the lunch time. The inspector greeted all of the services users in the group setting on the day of inspection and engaged with a total of 20 service users to obtain their views about this day care setting. The inspector also spoke with four relatives who were visiting the setting on the day of the inspection.

The following records were examined during the inspection:

- Eight service users' care records, including a sample of activity records.
- A sample of service users' daily records.
- The induction for two staff that had commenced post since the last inspection.
- Seven staffs supervision records.
- The day centre's complaints/compliments record from April 2017 to December 2018
- Staff roster information for November and December 2018.
- The day centre's record of incidents and accidents recorded from September to December 2018.
- Fire safety precautions.

- A sample of minutes of consultation with service users' since the last inspection.
- A sample of minutes of staff meetings since the last inspection.
- A sample of monthly quality monitoring reports from September 2018 to November 2018.
- The Statement of Purpose, November 2018.

At the request of the inspector, the registered manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

Ten service user and/or relatives' questionnaires were provided for distribution; no questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the registered manager place a 'Have we missed you' card in a prominent position in the day centre to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

The inspector would like to thank the registered manager, service users and their relatives, and staff for their contribution to the inspection process.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 29 and 30 November 2017

The most recent inspection of the establishment 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 30 November 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 28.1 Stated: First time	The registered person shall ensure records are maintained which show when and how fire safety recommendations have been addressed. Ref: 6.4	Met
	Action taken as confirmed during the inspection: The fire safety records were available and had been improved in this regard at the time of 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 inspector reviewed the setting's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place within the day care centre. The staffing rota showed on average there was two to three staff allocated to each room/group and this varied in accordance with service user numbers and the ability of the group. All duties for the day, specific care plans and rooms were allocated to named staff. For example the rota identified who was on bus duty, who was supporting service users on a one to one basis, who was in charge, who was absent, and students on placement such as student nurses.

Discussions with staff identified that they felt there were sufficient staffing levels to ensure the safety of service users in the day centre. The staff did comment that providing the quality of day care they want to can be tough when staffing is lowered due to staff absences. This was because they identified service users' needs who come to the day centre were more complex than in the past, and they may need one to one support to enable them to fully take part in activities and facilitate their involvement. One staff member summarised the staff view by saying "it would be nice to have more (staff) but we do get the essentials covered". The discussion with the registered manager in relation to staffing revealed the service user numbers are kept below 100 in acknowledgement that service user needs are complex and staffing needs to be right to meet those needs.

Discussion with the registered manager and staff did confirm that in their opinion at all times sufficiently qualified, competent and experienced persons were working in the centre to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose. When required, the management team had supported staff in the provision of direct care. Observation of care during this inspection verified service users' needs were met by the staff on duty, they presented as knowledgeable and fully apprised of the service users' needs that were in their care.

Observation of staff in the day care setting and discussion with them revealed that they were supportive of each other and open communication was in place which was ensuring the team were working well together. Discussion with staff verified that this approach was promoting safe and effective care for service users in the setting.

On the day of the inspection observations of the staff supporting service users did not highlight any areas for improvement in relation to their practice. Discussion with staff and inspection of two individual staff induction records found the Northern Ireland Social Care Council (NISCC) induction standards were incorporated into the induction process. Furthermore when existing trust staff gained promotion in the setting induction processes were still followed, albeit they were tailored to fit the circumstances such as staff knowledge and experience. This ensured staff explored the skills and knowledge required to work safely and effectively in their new role, in the day care setting.

Inspection of staff training records and discussion with staff on the day of inspection confirmed that they had received training to enable them to fulfil the duties and responsibilities of their role. The discussion with staff confirmed training was ongoing and they had training opportunities over and above mandatory requirements such as eat well, anaphylaxis and MAPA (managing challenging behavior training).

The day care setting's governance arrangements in place that identify and manage risk were inspected, this confirmed that an effective incident/accident reporting policy and system was in place. The staff recorded any incidents and accidents which were reviewed and audited by the registered manager or the assistant manager's. The record of incidents and accidents was inspected from September to November 2018. The record showed that the incidents had been managed appropriately, effectively documented with safety issues and risks identified and actions taken to minimise risk of reoccurrence.

The registered manager advised that there were no locked doors into or out of the setting or other restrictions that would impact on the whole group in the day care setting. The manager and staff identified restrictive practices may be in place to support the safe care of individual service users in the setting, for example the use of a seat belt to secure a service user in a chair and increased staffing levels to help service users move around the setting safely. Assurances were given by the staff and the manager that when restrictions were identified this was recorded. The recording shows the staff analysed why the restriction was necessary and how this promoted improved outcomes for the service user, in comparison to not having the practice in place. Observation of one service user who had a 'one to one' staff member showed the staff supporting the service user to move around and do what the service user wanted, the support focussed on assisting the service user to do this safely. The one to one staffing arrangement for this service user presented as person centred with a focus on enabling the service user to have some independence in the setting. Eight service users' individual records were examined and the plans in place presented as the least restrictive plans and when a restriction was

identified the plan described strategies for this to be the last resort and used for the shortest time possible to meet the service user's needs. Records also showed there had been consultation with the multi-disciplinary team to ensure best practice that was appropriate to meet each individual service users' needs was in place.

Observations of the environment concluded that it was clean and tidy. Discussion with the registered manager and observation of the environment found that furniture, aids and appliances presented as fit for purpose for the needs of the service users. Infection prevention and control measures were observed as in place, and no obvious health and safety hazards were identified.

Fire exits were clear and free from obstruction. Records examined identified that a number of weekly and monthly fire safety precautionary checks were undertaken. It was noted that the last full evacuation drill was undertaken on 2 August 2018 and whilst no improvements were identified, the outcome of the drill was communicated to all staff including potential learning. A fire risk assessment was completed on 22 February 2017 and was not due for review until February 2019. The action plan was a working document that showed actions taken to address improvements identified.

Discussion with staff provided evidence that they felt the care was safe in Edgcumbe. They said the staff team put their "service users first because they are the most important". They said processes in place that support safe care were regular supervision, training and an open culture which meant any staff member can approach another staff member or management and speak to them at any time. Staff said they can ask anything and are not made to feel de-skilled. The staff also described the open culture was promoted with service users so they feel they can talk to staff at any time. Lastly staff identified they use the data they collect such as incidents, complaints, service user feedback to improve the service and ensure it is centred on safe and effective care.

Discussion with service users concluded they felt safe in Edgcumbe. They gave examples such as they help and are helped to move around the setting, they were safely strapped in on the bus and had bus guides to help them; there was enough staff to keep them safe; and staff make sure they are safe. Service users said the following which were examples of safe care being promoted in the day centre: "staff know what makes us happy"; "the room is kept tidy so we don't trip up"; "if there is a fire we go outside"; "we talk about keeping safe in the group meetings"; "we make sure the furniture is safe"; "we mop up spills and push chairs in".

Discussion with the relatives revealed in their opinion the service was safe, they described the staff as "a god send"; "very caring"; "couldn't ask for better staff". They confirmed they were aware the staff received training and they had observed staff were not only able to meet the service user's needs but also went above and beyond their job description in terms of the hours they worked, the support they gave and the activities they provided.

Areas of good practice

There were examples of good practice found during the inspection in relation to staff induction; staff training; adult safeguarding; potential restrictive practices; infection prevention and control; risk management and the day centre's environment.

Areas for improvement

No areas for improvement were identified in this domain 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 inspector reviewed the day care setting's arrangements for responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided was described in the settings Statement of Purpose.

Eight service users' individual files were inspected. They contained essential information such as: referral information; when required the multi-disciplinary assessment; behavioural support plan; communication assessment; manual handling and transport assessments; epilepsy management plan; the activity plan; and a care plan. The support plan (care plan) which contained reference to relevant assessments and the review documentation contained comprehensive recording that was person centred and holistic. Service users' views, goals and personal objectives were incorporated into the documentation and when possible documents were signed by service users. This provided assurance there had been consultation with service users and they agreed to the content. When service users were not able to communicate their agreement in the same way, this was reflected in the recording and a relative or representative had signed the documentation.

Records were stored safely and securely in line with data protection requirements.

Staff confirmed that they use service users' care records to guide their practice and therefore recognised the importance of ensuring that the records remained current and relevant.

Discussion with staff provided evidence that they felt the care provided was effective. They said this was because they know the service users very well, all staff work together to meet the service user's needs. The staff gave examples of how they do this, the garden group was identified as a group of service users who have a lot of knowledge and skills therefore staff facilitate their chosen projects and encourage them to plan future projects because they know best what needs done. This approach develops their independence, social skills and cognitive development as well as helping them to develop skills they can use outside of the day care setting. Service users with more complex needs were identified by staff as needing a more structured support plan, these are stored in an easy to access grab file and staff refer to these as necessary to ensure the right care is always delivered at the right time. If service users' behaviour or wellbeing is noted to have deteriorated staff explained they will map their observations and discuss the same with the staff team, management, relatives if appropriate and the service user to improve the service users' outcomes. This approach was one example of many used by this staff team to improve the quality of care for service users.

Discussion with service users confirmed they felt care was effective in this day care setting. They said they enjoy doing the activities on offer and said staff were good at their job. Service users were excited about the Christmas dinner and the visit from Santa planned on the day of the inspection, they also identified they do a range of activities that were their choice such as cookery; puzzles; art work; and learning new skills. Service users confirmed they knew about their care plan and said the staff use this to keep them safe and give service users what they need. Service users also identified they are encouraged to make choices from activities to choosing who comes to their review.

Discussion with service users relatives found they felt the service was effective however, they felt it would be more effective if they had a new purpose built day centre. Their rationale was service users' needs are more complex and they wanted the staff to be able to access the latest equipment and design to facilitate meeting those needs. Despite this they explained the setting was providing effective care because the staff were very experienced, and had been working in the setting for a long time; they receive the right training; they communicate effectively with service users, relatives and professionals to ensure service users' needs are met; and finally they were amazed at the outcomes the service users were achieving.

Overall inspection of effective care and discussion with staff provided evidence that they were knowledgeable regarding service users' individual needs and their care plans. Furthermore staff were using their knowledge of each individual to improve outcomes for them through effective planning, delivery of care and review.

Areas of good practice

There were examples of good practice found during the inspection in relation to care records; audits and reviews and communication.

Areas for improvement

No areas for improvement were identified in this domain 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 staff meeting service users' needs during the inspection indicated that staff communicated respectfully with service users. Service users were observed freely approaching staff to ask for assistance and staff were observed communicating using a variety of techniques depending on the service user's communication needs. Observation of staff intervention with service users demonstrated that service users were treated with dignity and respect while promoting and maintaining their independence and safety.

Staff were observed assisting and supporting service users in a sensitive manner. Discussion with staff regarding the activities they were delivering confirmed the activities available were consistent with service user's ability, preferences and choice. Staff described they were aiming to enable service users to develop their strengths and support them to reach their goals. During the observations of care the inspector saw staff communicating with, understanding and responding appropriately with service users who possessed minimal verbal communication.

The activity schedule for service users was available in a way that was assessed as being the most effective, for example, service users who liked and relied on picture schedules could see this near to where they were sitting, the rooms activity plan was visible and the outings and outreach opportunities were displayed on the service users notice board. Visual strategies were also being used to help support service users remain as independent as possible during day care.

This inspection occurred during the centres Christmas celebrations and during the inspection the service users identified they were excited about the plans in place. The usual activities were planned and in addition the staff in this centre had created a winter wonderland sensory room. The room was prepared by staff i.e. decorated using structures, lighting and sensory equipment to give the feeling as you enter that you were actually walking into a winter wonderland. The thought, creativity and innovative approach to creating this room was commended. Not only because it was visually impressive but because the sensory experience and transformation of the room into the make believe room was an experience that every service user in the setting could benefit from in terms of improving their wellbeing and potential outcomes in the centre.

Discussion with staff in the individual activity rooms concluded they knew service users well and were likely to notice quickly if a service user's behaviour deteriorates or needs change. Staff described if a service user is unsettled and cannot enjoy the group activity they may intervene by using calming techniques agreed with the service user, or redirect the service user to do something different to deescalate their behaviour.

The inspector reviewed the systems in place that promoted effective communication between service users and staff. The records showed a number of methods were used that were aimed to involve service users in their personal care and the improvement of the day care setting. Examples included: staff use of communication methods that were appropriate for each individual such as Makaton; staff facilitated monthly meetings with service users in their activity/group rooms to gain their views and preferences; the service facilitated a representative group to attend meetings regarding menus and development of trust services; the staff consulted with service users regarding activities they had taken part in and their activity plan; the service sent out an annual survey to all service users who had attended Edgcumbe and used this to improve the service annually. The record of the outcomes of these interventions showed each intervention had the potential to fully involve service users and improve their outcomes. Notable outcomes included: the development of the activity programme; the service user guide which had been improved with the help of service users; the installation of Wi-Fi and development of safe practices when using the internet in the setting.

Discussion with staff evidenced that they felt the care provided was compassionate. They said staff work together with service users and efforts are made to avoid "me and them feeling" where there was no joined up thinking. Staff described the service users as "so able" and they know this because they have worked with service users and their relatives to ensure they know how to support service users to get the most out of their time in Edgcumbe.

Overall staff clearly described they were providing a meaningful timetable for the service users that supported service users to get the most out of their time in Edgumbe. Staff described processes that were protecting service user’s confidentiality, privacy and was strongly weighted on seeking service users’ preferences and choices. Overall staff described using a person centred approach to delivering care which supported and promoted a safe and a positive experience for service users. One staff member said “best place I’ve ever worked, doesn’t feel like work because it’s a homely place”.

Discussion with the service users revealed they felt staff showed compassion when delivering care and support. They said they were free to walk around Edgumbe, socialise with friends, do activities of their choice and help the staff by doing jobs. Service users said “we can tell staff what we need”; “we meet with staff to tell them what we want to do”; and “I would speak to Irene (manager) if I was cross or upset, or the day care worker”.

Discussion with relatives concluded they felt care was compassionate, they said the staff make every year and activity so different. They said there is “a great ethos here – (staff) do extra and are very positive any time of the day”.

The inspection of compassionate care confirmed the staff were actively promoting effective communication between service users and staff to involve service users in their care and improve their outcomes.

Areas of good practice

There were examples of good practice found during the inspection in relation to the culture and ethos of the day care setting; listening to and valuing service user’s views and promoting service users independence.

Areas for improvement

No areas for improvement were identified in this domain 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.

Discussions with the registered manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. Staff spoken with during the inspection confirmed they were provided with an individual and formal supervision meeting quarterly. Staff described the management team had an open door policy for staff to access management support at any time and they could seek support from their colleagues. The review of staff supervision records and observation of practice during the inspection verified these processes were in place.

The Statement of Purpose for the day care service was reviewed during the inspection and was found to be satisfactory. The document described the nature and range of the service to be provided and addressed the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. Evidence gathered at this inspection indicated that the service was operating in compliance with its Statement of Purpose.

The registration certificate was up to date and displayed appropriately.

The inspector reviewed the monitoring arrangements and confirmed they were consistent with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken monthly by another manager within the sector who demonstrated a good understanding of the setting. The visits were a mixture of announced and unannounced visits, described their engagement with service users and staff, and reported on the conduct of the day care setting. Any improvements identified were recorded in an action plan which was reviewed during the next visit.

The inspector was provided with a number of audits that were in place to monitor and review the effectiveness and quality of care. It was positive to note that the management team had undertaken audits in relation to accidents and incidents; staff training; induction; supervision and appraisal, service user records, consultation with service users and development of communication, the environment and safety measures in place. The outcome of the audits assured practice in place was safe and effective, and improvements were made as necessary when identified.

The day care setting's last annual report had been written for the period up to March 2018. Matters included in Regulation 17 (1) and schedule 3 was reported on and the action plan was included which detailed areas for improvement.

The inspector discussed the recent development of the NISCC website and the adult social care learning zone. The manager and staff were encouraged to access this as a resource that may be beneficial for promoting staff development and training opportunities for staff in the day centre.

The complaints and compliments record was reviewed. Five areas of dissatisfaction or complaints were recorded. The review of the records showed the staff had openly encouraged service users to give feedback and they had been responded to in accordance with the trust policy and procedure. Areas for learning or improvement were clearly recorded and the service user's satisfaction with the outcome was recorded. The record was another good example of service users being encouraged to be involved in their care and the future development of the day care setting.

The inspector discussed arrangements in place that related to the equality of opportunity for service users. The inspector noted that the day care setting develops person centred care and support plans, and risk assessments for each individual service user. Other areas of equality awareness identified during the inspection included:

- effective communication
- facilitating co-production when developing the service and resources
- service user involvement
- adult safeguarding
- advocacy

- equity of care and support
- individualised person centred care
- individualised risk assessment
- disability awareness.

Discussion with staff provided evidence that they felt the service was well led. They said there were “fantastic leadership” examples in the setting. For example the manager and assistant managers are approachable and they feel safe asking anything. They all support each other and one staff member said they “all chip in on any task”. A staff member said Edgcumbe is an “amazing place to work” and another said “we all know each other’s tasks and we work together”.

The observations of practice during the inspection provided evidence there was a clear approach by staff to pool resources, knowledge, skills and time to ensure service users’ needs were met; whilst improving outcomes for service users during their time in the day centre. The observations of care in this day care setting demonstrated the positive and innovative approach by staff and the management team which was achieving safe, effective, compassionate and well led care.

Discussion with the service users found they felt very positive about the staff team and manager in the day centre for example one service users said “Irene’s in charge, I’m very fond of her”.

Discussion with the relatives revealed they felt Edgcumbe was a “place of excellence”. They said this was because there was “a great ethos”, staff “do extra” and staff are “very positive any time of the day”. They said they meet with the manager regularly so the parents and carers can identify how they can help them with fundraising and they can discuss with the manager any areas for improvement they have identified. They described the communication between staff and the parents and carers group as very good.

Areas of good practice

There were examples of good practice found during the inspection in relation to governance arrangements; quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified in this domain 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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