

Unannounced Care Inspection Report 27 and 29 March 2017



Edgcumbe Training and Resource Centre incorporating 'The Junction Club' and 'Edging Out'

Type of service: Day Care Service
Address: Edgcumbe View, Belfast, BT4 2EG
Tel no: 02895 04 31 30
Inspector: Priscilla Clayton

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Edgumbe Training and Resource Centre incorporating 'The Junction Club' and 'Edging Out' took place on 27 March 2017 from 9.30 to 16.00 and 29 March 2017 from 9.30 to 12.15 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day centre was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were several examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, adult safeguarding, risk assessment, infection prevention and control.

Two recommendations made within this domain related to obtaining a report on the outcome of safeguarding investigation and recording of matters arising within minutes of service users meetings.

Is care effective?

There were several examples of good practice found throughout the inspection in relation to ongoing quality improvements through satisfaction surveys and audit conducted including action taken to address issues and the effective modes of internal and external communication between service users, staff and other key stakeholders.

No requirements or recommendations were made in relation to this domain.

Is care compassionate?

There were several examples of good practice found throughout the inspection in relation to the culture and ethos of the centre and satellite units, listening to and valuing service users and taking account of their views.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

There were several examples of good practice found throughout the inspection in relation to the overall governance systems and processes in place for the day to day management of the centre and two satellite units and the joint working arrangements with the community care teams.

No requirements or recommendations were made in relation to this domain.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Irene Maguire, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent care inspection undertaken on 15,16 and 17 September 2015.

2.0 Service details

Registered organisation/registered person: Belfast HSC Trust/Martin Joseph Dillon	Registered manager: Irene Maguire
Person in charge of the service at the time of inspection: Irene Maguire	Date manager registered: 20 May 2009

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Previous inspection report and quality improvement plan
- Accident/incident notifications
- Correspondence.

During the inspection the inspector met with the registered manager, all service users in attendance, three care staff and one relative.

The following records were examined during the inspection:

- RQIA registration certificate
- Statement of purpose
- Service user guide
- Selection of policies and procedures including those in respect of adult safeguarding, whistleblowing, staff recruitment, complaints and infection prevention and control
- Staff training

- Staff meetings
- Staff supervision and appraisal
- Service user meetings
- Monthly monitoring visits
- Staff duty roster
- Care records x 5
- Complaints
- Accidents/incident
- Fire risk assessment
- Audits.

Fifteen satisfaction questionnaires were given to the manager for distribution to service users (five), staff (five) and relatives (five) and return to RQIA. Five questionnaires were returned within the timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 13 October 2016

The most recent inspection of the centre was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 15, 16 & 17 September 2015

Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 17.6 and 17.8</p> <p>Stated: First time</p>	<p>The registered manager should ensure Edgcumbe Training and Resource Centre’s Statement of Purpose and Service Users Guide are updated and reviewed to reflect all of the matters specified in Schedule 1 and standard 1.2. The documents should contain information on:</p> <ul style="list-style-type: none"> • Registered person’s qualifications and experience • The current maximum daily number of service users per day in Edgcumbe TRC • Maximum daily numbers of service users in each of the two satellite units • Room sizes • Recent staff changes • Temporary staff members 	<p>Met</p>

	<p>Action taken as confirmed during the inspection: Examination of the centre's statement of purpose confirmed that information as recommended was included.</p>	
<p>Recommendation 2 Ref: Standard 27.3 Stated: First time</p>	<p>With regards to infection prevention and control on rusted sections of the identified radiator cover; the registered manager should ensure a review takes place of all radiator covers. The rusted areas should be made good or the radiator cover/s replaced.</p> <p>Action taken as confirmed during the inspection: Radiators were replaced and new covers provided.</p>	Met
<p>Recommendation 3 Ref: Standard 17.11 Stated: First time</p>	<p>The registered manager is advised to follow up and address the areas of dissatisfaction:</p> <ul style="list-style-type: none"> • From completed RQIA service user and staff questionnaires • Concerns raised by one student. <p>Action taken as confirmed during the inspection: The registered manager explained that this recommendation was followed up with staff, service user and student nurse. This matter was resolved with a full report written and retained by the manager.</p>	Met

4.3 Is care safe?

Discussion with the registered manager confirmed that staff employed were sufficiently qualified, competent and experienced to meet the assessed needs of service users in attendance each day. Staff who met with the inspector demonstrated good understanding of their roles and responsibilities in meeting the needs of service users and associated policies and procedures in the running of the centre.

The registered manager explained the full staffing complement required for the centre and that several consistent agency staff were commissioned to provide additional supervision due to the increasing number of high dependency service users with complex needs. Interviews to employ permanent care staff were held during the week of inspection. The registered manager and staff confirmed that safe staffing levels were in place to meet the needs of service users.

Competency and capability assessments of the three assistant managers in charge when the registered manager is off duty were completed and retained within personal files held.

Named staff working in Edgumbe and satellite centres each day alongside individual hours worked was recorded within the duty rosters.

Annual staff appraisal and supervision was provided every three months with records retained.

The registered manager confirmed that staff employment records were held within the Belfast Health and Social Care Trust (BHSCT) human resource department and that all appointments made were in keeping with the trust policy/procedures, legislation and day care standards. All necessary documentation, including Access NI, was checked and in place before a new employee would commence work.

The registered manager confirmed that all care staff were registered with the Northern Ireland Social Care Council (NISCC) and that registration dates were recorded and held on file for monitoring purposes by the registered manager.

Electronic and hard copies of corporate policies and procedures on staff recruitment, selection and induction were in place and available to staff.

Induction records reviewed were based on the NISCC standards. Comprehensive induction programmes were noted to be signed and dated by the staff member and mentor on the achievement of each indicator.

Mandatory staff training was discussed with the registered manager and staff. Training provided included adult safeguarding and whistleblowing. Staff confirmed that mandatory training was ongoing. Additional training and continuous professional development was provided to enable staff to fulfil the requirements of their role. Training was facilitated by the trust training and development team and/or by external agencies. Records of training provided included named staff and dates of attendance.

Staff who spoke with the inspector demonstrated knowledge and understanding of the principles of adult safeguarding. Up-date training on the Department of Health (DOH) new regional policy and procedure titled Adult Safeguarding Prevention and Protection in Partnership, July 2015 is to be arranged when the new policy is released by the trust. The identification of the named champion for day care is to be confirmed.

The registered manager explained that one of two safeguarding allegations arising since the last care inspection remains open with investigation ongoing. The registered manager had not received a report on the closed allegation, which occurred during November 2016. One recommendation was made in regard to making a further request to the safeguarding officer for the report on the outcome of investigation; a copy of both investigations is to be forwarded to RQIA.

Necessary infection protection and control measures were in place with a good standard of hygiene observed throughout the centre. Measures included, for example; "seven step" hand hygiene notices positioned at all wash hand basins, supplies of liquid soap, availability of disposable gloves and aprons, provision of staff training and availability of electronic trust policies/procedures on infection prevention and control.

The centre and satellite units had policies and procedures relating to risk assessment. Risk assessments in respect of safe working practices included for example; control of substances hazardous to health (COSHH), fire safety, moving and handling. Assessments of risks were available for inspection. Risk assessments in respect of individual service users included for

example; manual handling, falls, transport and dysphasia. The registered manager confirmed that all risks identified were reflected within care plans which included interventions and measures in place to minimise the risk. Care plans reviewed and discussed with staff contained assessments which were complemented with risk assessments and individualised care plans. Reference to the quality improvement audit undertaken during 2016 using the Belfast Risk Assessment Tool (BRAAT) is cited within pages 7 and 8 of this report. This audit was conducted to determine the current level of compliance to manage health and safety and other risks associated with the delivery of the service.

An inspection of the internal environments of Edgcumbe and 'The Junction Club' and 'Edging Out' was undertaken. All were observed to be clean, tidy, organised and appropriately heated. COSHH substances were noted to be securely stored. All fire doors were closed and exits unobstructed. Weekly and monthly checks of fire equipment were undertaken and recorded. Fire drill was conducted on 24 August 2016. There was no visible evidence of any hazards within Edgcumbe or the two satellite units.

The registered manager and care staff who met with the inspector gave positive feedback in regard to the provision of safe care and confirmed that staff training, supervision, appraisal and staff meetings were provided and ongoing. Staff also explained that there was very good multi-professional collaboration in the planning and monitoring of care.

Service users who met with the inspector in Edgcumbe and the satellite units described how essential it was for them to attend the centre; the effectiveness of the activities, support provided and meeting up with others was important to them. Service users meetings were being held on a regular basis with minutes recorded and retained. Minutes reflected consultation with service users in regard to the day to day arrangements within the centre. One recommendation made related to ensuring that matters arising from meetings held within one unit are recorded within minutes showing action taken to address issues raised by service users.

Analysis of completed satisfaction surveys returned to RQIA within the timescale provided evidence that respondents were satisfied that the care provided was safe. No issues or concerns were recorded.

Areas for improvement

Two recommendations made within this domain related to obtaining the report on the outcome of safeguarding allegation and recording of matters arising within minutes of service users meetings within one workshop unit.

Number of requirements	0	Number of recommendations	2
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4.4 Is care effective?

Five service users care records were provided by staff for review. These were found to be in line with legislation and minimum care standards including, for example; holistic health and social care needs assessments which were complemented with risk assessments; person centred care plans and regular records of the health and wellbeing of the service user were contained within care records examined. Records of reviews included participation of the service user and where appropriate their representative. There was recorded evidence of multi-

professional collaboration in planned care. Pictorial assessments and person centred care plans were provided, dated and signed.

The registered manager explained that audit of care records was conducted and discussed at staff supervision. Staff are to be commended on achieving the 'Gold Star' award by the DOH following a file audit conducted across learning disability teams.

The registered manager explained the systems in place to promote effective communication between service users, staff and other stakeholders. This was evidenced within a number of sources including: discussions with staff and service users, care records examined; minutes of service users' meetings, minutes of staff meetings, information notices displayed on health and social care and photographs of various activities and social events.

Staff confirmed that the modes of communication in use between the staff team, service users/representatives and other stakeholders were effective and that communication was enhanced through the "open door" arrangements operated by the manager and senior staff.

Monthly staff meetings were held with minutes and attendance recorded.

Service users who met with the inspector confirmed they were aware of whom to contact if they had any issues or concerns about the service and that staff were approachable and always willing to help and provided assistance when required.

The registered manager explained that the annual service users' satisfaction survey titled 'Tell us what you think' was conducted in pictorial format during 2016. Copies were available. One hundred and forty questionnaires were distributed with seventy returned. A report including the action taken to address identified areas for improvement was shared with staff and service users. Other audits undertaken to drive quality improvement included the Belfast Risk Assessment Tool (BRATT) used to establish the current level of compliance to manage health, safety and other risks associated with the delivery of the service. Recommendations for improvement included, for example; one way traffic system at the front of the centre, display of spillage notices, staff awareness of waste policy and environmental improvements, much of which has been addressed. The drive for ongoing quality improvement within the centre is to be commended.

One relative who afforded time to meet with the inspector made complimentary comments about the staff and the effective care provided. No issues or concerns were raised or indicated.

Analysis of completed satisfaction surveys returned to RQIA provided evidence that respondents were satisfied that the care provided was effective.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos within the centre that supported the values of dignity and respect; independence; rights; equality and diversity; choice

and consent of service users. This was reflected within the statement of purpose, service user guide, care records and minutes of service user meetings examined.

There was a range of policies and procedures available to staff which supported the delivery of compassionate care.

Observation of staff interactions with service users demonstrated that they were treated with dignity and respect. Staff confirmed their awareness of promoting service user rights, independence and dignity.

Discussions with staff, service users, review of care records and observation of staff practice and interactions confirmed that service users' needs were acknowledged and recorded.

There was evidence that service users were enabled and supported to engage and participate in a range of meaningful activities noted within care records, service user meetings and reviews of care.

Service users confirmed that they were consulted and felt very much involved about arrangements within their centre. Comments from staff, service users and one visitor were very positive in regard to the service provided. No issues or concerns were raised or indicated in this regard.

Analysis of completed satisfaction surveys returned to RQIA following the inspection provided evidence that respondents were satisfied that the care provided was compassionate.

Areas for improvement

No areas for improvement were identified within this domain.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Irene Maguire, the registered manager of the centre explained that she felt very well supported in her role by the locality manager who provided supervision each month and visited the centre on a regular basis. At operational level support was provided by three assistant managers a mixed skill team of care, administrative and ancillary staff.

There was a defined organisational and management structure that identified the lines of responsibility and accountability of staff within the centre. Information in this regard was reflected within the statement of purpose and service user guide.

The centre's current RQIA registration certificate was displayed in a prominent position. The registered manager confirmed that the centre operated in accordance with the regulatory framework and that the health and social care needs of service users were met in accordance with the centre's statement of purpose.

There was a range of electronic BHSCT corporate policies and procedures to guide and inform staff. Several policies were also held in hard copy format. Staff demonstrated awareness of policies including the policy and procedure relating to whistle blowing and adult safeguarding.

The centre had a comprehensive corporate complaints policy and procedure which was known by staff who met with the inspector. Records of complaints received were reviewed and discussed with the registered manager. Complaints recorded were noted to be managed and resolved satisfactorily. Reference on how to complain was reflected within the service user guide. Makaton format on how to complain was available to service users.

Several complimentary letters and cards received from relatives and service users were displayed.

The centre had an accident/incident policy which included reporting arrangements to RQIA. Accidents and incidents were noted to be effectively recorded within the corporate electronic datix system. Information entered into the system is passed electronically to the locality manager and the BHSC governance team who have responsibility for monitoring and audit. The manager confirmed that feedback is received in this regard with trends and patterns identified and further action required if necessary and when necessary learning from accidents/incidents was disseminated to all relevant parties.

The manager demonstrated knowledge of the procedure to follow regarding notifications of accidents and incidents to RQIA. Notifications received since the previous inspection was discussed with the manager. These had been recorded and managed satisfactorily. Two adult safeguarding reports are to be forwarded to RQIA when received by the registered manager.

Monthly monitoring visits were being undertaken on behalf of the registered provider as required under regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Reports were available to service users, relatives, staff, trust representatives and RQIA.

There was evidence of effective working relationships with internal and external stakeholders recorded within care records and policies and procedures. Staff confirmed that the registered manager and assistant managers operated an “open door” policy and that monthly staff meetings, three monthly supervisions and annual appraisals were scheduled and provided. Discussion with staff confirmed that there were very good team working relationships and that the registered manager was always responsive to suggestions and/or concerns expressed.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Irene Maguire, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care centre and two satellite units. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [web portal](#) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 13.8</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2017</p>	<p>The registered provider should make a further request to the safeguarding officer for the report on the outcome of investigation; a copy of which is to be forwarded to RQIA.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>In response to this recommendation the Registered Manager received correspondence on 7/04/17 from the Adult Safeguarding Officer confirming that the Investigation is closed. A follow up Incident form was forwarded to RQIA on 19/04/17 confirming same.</p>
<p>Recommendation 2</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2017 and ongoing</p>	<p>The registered provider should ensure that matters raised by service users at service user meetings are discussed and action taken recorded under matters arising within minutes.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>In response to this recommendation the Registered Manager will ensure that a record of action taken will be recorded regarding matters raised by Service Users at Service User meetings and recorded under matters arising within Minutes.</p>



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