

# Unannounced Care Inspection Report 29 and 30 November 2017



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

Type of Service: Day Care Setting  
Address: Edgcumbe View, Belfast, BT4 2EG  
Tel No: 028 95 04 31 30  
Inspector: Bronagh Duggan

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Assurance, Challenge and Improvement in Health and Social Care

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

**1.0 What we look for**



**2.0 Profile of service**

This is a Day Care Setting with 145 places that provides care and day time activities for people living with learning disabilities. The places are allocated across three sites including Egdcumbe Training and Resource Centre, The Junction Club and Edging Out.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast HSC Trust	<b>Registered Manager:</b> Irene Maguire
<b>Responsible Individual:</b> Mr Martin Joseph Dillon	
<b>Person in charge at the time of inspection:</b> Irene Maguire	<b>Date manager registered:</b> 20 May 2009
<b>Number of registered places:</b> 145 - DCS-LD, DCS-LD(E)	

### 4.0 Inspection summary

An unannounced inspection took place on 29 November 2017 10:45 to 16:30 and 30 November 2017 10:30 to 15:00.

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, training, adult safeguarding, infection prevention and control, audits and reviews, communication between service users, staff and other key stakeholders, the culture and ethos of the day care setting, governance arrangements, management of complaints, and maintaining good working relationships.

One area requiring improvement was identified in relation to recording when and how recommendations from the fire safety risk assessment have been actioned.

Service users said, "It's great, I love coming here and "the staff are good, they are here to help us."

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
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) 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.

#### **4.2 Action/enforcement taken following the most recent care inspection dated 27 and 29 March 2017**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 27 and 29 March 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:

- accident and incident notifications submitted to RQIA since the previous inspection
- previous inspection report
- returned QIP

During the inspection the inspector met with 42 service users individually and in groups, 11 staff and the registered manager.

Ten questionnaires were provided for distribution for service users and service user representatives. Six completed questionnaires were returned within the requested timescales. Information was provided for staff on how to access an electronic questionnaire, no responses were received.

The following records were examined during the inspection:

- Statement of Purpose
- Three care records
- Staff duty roster
- Staff supervision and appraisal information
- Staff training records
- Minutes of service user meetings
- Minutes of staff meetings
- Complaints and compliments
- Monthly monitoring reports
- Accident/ incident notifications
- Fire Safety Risk Assessment
- Fire safety checks/records
- Sample of policies and procedures
- Audits
- Annual quality review report

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 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 27 and 29 March 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 27 and 29 March 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
<b>Area for improvement 1</b> Ref: Standard 13.8 Stated: First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of records at the centre confirmed the outcome of the investigation was obtained by the centre.	
<b>Area for improvement 2</b> Ref: Standard 8.2 Stated: First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and review of minutes of service user meetings confirmed matters raised were discussed and action taken recorded on the minutes.	

## 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.**

Discussion with the registered manager confirmed staff were sufficiently qualified, competent and experienced to meet the assessed needs of the service users in the centre. No concerns were raised by staff regarding staffing levels during the inspection. Staff spoken with demonstrated good understanding of their roles and responsibilities with regards to meeting the needs of the services users and awareness of associated policies and procedures in the running of the centre.

The registered manager outlined the management arrangements in her absence and areas of responsibility for the three assistant managers. Review of the duty roster showed named staff working in Edgumbe and the satellite centres along with individual hours.

Review of induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for staff based on the Northern Ireland Social Care Council (NISCC) standards and relevant to their specific roles and responsibilities.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Day Care Setting Regulations (Northern Ireland) 2007 and that records were retained at the organisation's personnel department.

Discussion with staff confirmed that mandatory training, supervision and appraisal was regularly provided. The registered manager confirmed annual appraisals were ongoing at the time of inspection. A schedule for mandatory training and supervision was maintained and was reviewed during the inspection.

Mandatory training was discussed with the registered manager and staff. Examples of training provided included adult safeguarding, SCIP, fire safety, and infection prevention and control (IPC). Additional training was provided for staff relevant to the needs of service users for example staff had been supported to complete training in Makaton and holistic therapies.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. The registered manager confirmed that there were plans in place to implement the new adult safeguarding procedures. The registered manager was advised to ensure a copy of the regional guidance Adult Safeguarding Prevention and Protection in Partnership, July 2015 was available within the centre.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.



A review of accidents/incidents/notifiable events confirmed that these were usually effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. It was noted that one incident had not been reported on to RQIA as it should have been. This was discussed with the registered manager and was forwarded to RQIA retrospectively during the inspection.

A policy and procedure was in place regarding restrictive practice/behaviours which challenge. The registered manager confirmed there were restrictive practices employed within the centre, notably restrictive behavioural interventions and lap belts. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

Infection prevention and control (IPC) measures were in place and a good standard of hygiene was observed throughout the centre. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the centre among service users, staff and visitors. Notices promoting good hand hygiene were displayed throughout the centre in both written and pictorial formats.

A general inspection of the centre was undertaken and the rooms were found to be decorated with photographs, memorabilia and examples of the service users' work. The centre and satellite units were fresh- smelling, clean and appropriately heated.

During the inspection works were going on at the main pick up and drop of point at Egdcumbe. The registered manager confirmed the work periods had been risk assessed so as to cause minimum disruption to the service users and their representatives.

Policies and procedures relating to risk assessment were available for inspection. Risk assessments in respect of safe working practices included for example fire safety, and moving and handling. Risk assessments in respect of individual service users included for example manual handling, transport and falls.

The centre had an up to date fire risk assessment in place dated February 2017, the need to record actions taken following any recommendations was discussed with the registered manager and identified as an area for improvement to comply with the standards.

Review of staff training records confirmed that staff had completed fire safety training annually. The most recent fire drill was completed on 14 September 2017 and records were retained. Fire safety checks were completed daily and weekly. Fire alarm systems, emergency lighting and means of escape were checked weekly/monthly and were regularly maintained. There was no visible evidence of any hazards within Egdcumbe or the two satellite units.

Six completed questionnaires were returned to RQIA from service users. Respondents described their level of satisfaction with this aspect of care as very satisfied.

### Areas of good practice

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

### Areas for improvement

One area for improvement was identified this related to recording when and how recommendations from the fire safety risk assessment have been actioned.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 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 was available for inspection the registered manager advised this was kept under continual review. Three care records were reviewed, these reflected the holistic health and social care needs assessments and also included risk assessments, and person centred plans which outlined goals for the service users. Records of reviews reflected the participation of service users and where appropriate their representative. Assessments and plans of care were complemented with pictorial information.

The care records reflected the multi-professional input into the service users' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual service users. Service users and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. Care reviews were maintained on an up to date basis.

Care records were observed to be stored safely and securely in line with data protection.

The registered manager reported that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. Audits of care plans, accidents and incidents (including falls) environment, were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports and the annual quality report.

Staff confirmed communication within the centre was effective to ensure service users' needs were met. Systems in place to promote effective communication included staff meetings, service user meetings, information notices, photographs, notice boards and an "open door" arrangement from management. Staff confirmed they were aware of how to escalate any concerns. Minutes of service user and staff meetings were available for inspection.



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

The registered manager advised that the annual service user satisfaction survey had been completed at the centre. A copy of the survey results was made available in a report which included action taken to address identified areas for improvement and was shared with services users and staff.

Six completed questionnaires were returned to RQIA from service users. Respondents described their level of satisfaction with this aspect of care as very satisfied.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users, staff and other key stakeholders.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

The registered manager advised 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 in the statement of purpose, care records and minutes of service user meetings reviewed.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff and service users confirmed that service user’s needs were met within the centre.

Discussions with staff confirmed they had a detailed knowledge of service user’s wishes, preferences and assessed needs as identified in their care plan. Relationships between staff and service users were observed to be professional, relaxed and friendly.

There was evidence service users were enabled and supported to engage and participate in a range of meaningful activities including arts and crafts, administrative activities, computers, multi-sensory activities. During inspection there was evidence of staff commitment through the development of an Alps themed multi-sensory experience for service users in preparation for Christmas. This was to be commended.

There were systems in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them including service user meetings, annual satisfaction surveys, and annual review meetings. The registered manager and staff confirmed that service users were listened to, valued and communicated with in an appropriate manner.

The most recent service users' annual quality assurance survey was distributed in January 2017 to approximately 140 service users. There were 73 returned questionnaires received. An evaluation report including a user friendly version was completed, this included an action plan detailing the identified areas for improvement and the action taken regarding same.

Discussion with staff, service users and observation of practice confirmed that service users' needs were recognised and responded to in a prompt and courteous manner by staff.

In keeping with their capabilities and understanding service users spoken with confirmed that they enjoyed coming to the centre, felt supported by staff and were happy with the activities / facilities available. No concerns were raised with the inspector.

Comments from service users included:

- "It's great, I love coming here."
- "I like it, we do different things."
- "The staff are good, they are here to help us."
- "We are proud of our centre it is important that we can come here."

Six completed questionnaires were returned to RQIA from service users. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from completed questionnaires were as follows:

- "Leslie and Irene know me well and take care of me."
- "I really like coming to Edgcumbe, it is really really good."
- "I am happy in Edgcumbe."
- "The staff are brilliant. Everyone is very kind. I love it here."

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.7 Is the service well led?

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

The registered manager outlined the management arrangements and governance systems in place within the centre and confirmed that she felt well supported in her role by the locality manager who provided supervision on a monthly basis and visited the centre on a regular basis. At operational level support was provided by three assistant managers, a mixed skill team of day care workers, 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. This information was also outlined in the centre's Statement of Purpose.

The centres current RQIA certificate of registration was displayed on a wall in the reception area of the centre. The registered manager advised 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.

A range of policies and procedures was in place to guide and inform staff. Policies were electronically retained in a manner which was easily accessible by staff. Several policies were also available in hard copy format. Staff demonstrated awareness of policies including the policy and procedure relating to whistleblowing and adult safeguarding.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Service users and/or their representatives were made aware of how to make a complaint by way of the Service User's Guide.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from service users, their representatives or any other interested party. Records of complaints were noted to be managed and resolved satisfactorily.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA.

A monthly monitoring visit was undertaken as required under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read. Each of the reports included the qualitative views and opinions of service users, their representatives or relatives.

There was evidence of effective working relationships with internal and external stakeholders recorded within care records. Staff confirmed that the registered manager and assistant managers operated an open door policy and that staff meetings, supervisions and annual appraisals were scheduled and provided. Discussion with staff confirmed that the registered manager was responsive to suggestions and or concerns raised.

The annual quality review report was made available this contained relevant information to help drive quality improvement initiatives in the centre.

Six completed questionnaires were returned to RQIA from service users. Respondents described their level of satisfaction with this aspect of care as very satisfied.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement 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 if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 setting. 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.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 28.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 December 2017</p>	<p>The registered person shall ensure records are maintained which show when and how fire safety recommendations have been addressed.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>In response to this area of improvement, the registered person has ensured records are maintained, these records show when and how fire safety recommendations have been addressed.</p>



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