

Unannounced Care Inspection Report 19 November 2019



Baloo Training and Resource Centre.

Type of Service: Day Care Service
Address: 94 Newtownards Road, Bangor, BT19 1XZ
Tel No: 02891450505
Inspector: Jim McBride

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a Day Care Setting with a maximum of 70 service users that delivers a programme of day care and day time activities from Monday to Friday for adults with learning disability.

3.0 Service details

Organisation/Registered Provider: South Eastern HSC Trust Responsible Individual: Mr Seamus Mc Goran	Registered manager: Mrs Patricia McManus
Person in charge at the time of inspection: Deputy manager	Date manager registered: 02 September 2016

4.0 Inspection summary

An unannounced inspection took place on 19 November 2019 from 09.00 to 13.00 hours.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012 and The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

As a public-sector body RQIA have a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

Evidence of good practice was found in relation to staff knowledge of adult safeguarding, supervision and appraisal. Further areas of good practice were also noted in regard to communication between service users and day centre staff and other key stakeholders; the provision of compassionate care; staff training; and quality assurance.

It was evident throughout the inspection that the centre promoted the service users' human rights; this was evident particularly in relation to the areas of consent, privacy, autonomy, equality, choice, dignity, confidentiality and service user involvement.

Service user comments:

- "Staff are all good."
- "Good activities."
- "I enjoy my room."
- "Lots of other activities outside."
- "I know how and who to complain to."

Staff comments:

- "Good management structure."

- “Training is effective.”
- “Good teamwork.”
- “Outcomes are important to the staff.”
- “We promote independence and choice.”
- “A good range of activities and social outreach.”
- “Comprehensive induction for staff and shadowing was helpful.”

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 the deputy 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.

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
- Unannounced care inspection report from 11 December 2018.

During the inspection, the inspector met with the deputy manager and three staff members. Introductions were made to service users during the course of a walk around the setting; with individual with a number of service users. It was good to note the range of activities and staff interactions during the day.

Ten service user and/or relatives’ questionnaires were provided for distribution; one service users/relatives’ questionnaires were returned to RQIA within the timeframe for inclusion in this report.

At the request of the inspector, the deputy 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.

A range of documents policies and procedures relating, to the service were reviewed during the inspection and are referred to within the body of the report.

The inspector would like to thank the deputy manager, service users and staff for their support and co-operation throughout the inspection process.

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

6.0 The inspection

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

6.1 Inspection findings

6.2 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 day care 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 centre.

The deputy manager described the staffing levels which have been assessed as necessary to provide a safe service in the setting. Assurances were provided to the inspector by the deputy manager that sufficiently qualified, competent and experienced persons are working at all times 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. The staffing information evidenced that service users had a core staff team to help provide them with continuity of care and develop positive relationships. This can have a positive impact on the service users' experience of a dignified service. The agency use a number of outside agency staff to provide care and support and records in place were up to date and available for review.

Discussions with the deputy manager, staff, service users and observations during the inspection verified that staffing levels were sufficient to meet the assessed needs of service users.

Observation and discussion with staff on duty on the day of the inspection provided evidence that they were sufficiently experienced and trained to meet the assessed needs of the service users present, and were meeting those needs using the care plans and assessments to guide their approach.

The deputy manager confirmed that an induction programme was available for newly appointed members of staff and outside agency staff. This document was reviewed and comprehensively meets the induction requirements.

Staff consulted with on the day of inspection spoke positively about the training they receive and confirmed that they received sufficient training to enable them to fulfil the duties and responsibilities of their role and that training was of a good standard. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection. It was good to note that a significant number of staff had completed their on-line Dols Level (2) training.

The development of a learning culture in the agency which promotes good practice will contribute to better quality of care and improved outcomes for service users.

The day care setting's arrangements in place to highlight and promote the identification of and management of risk were inspected. All incidents and accidents were recorded on an electronic system which are reviewed and audited by the deputy manager and the SEHSCT governance department. There was evidence that the deputy manager undertook a monthly audit of incidents and accidents to ensure follow up of any outstanding actions.

Discussion with the deputy manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. A number of notifications had been made and were acted upon satisfactorily.

Discussions with the deputy manager and staff evidenced that staff were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, discussions evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users.

Discussions with the deputy manager and staff also confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response. The deputy manager and staff were aware of the organisation's whistleblowing policy if they could not resolve their concerns locally but indicated that they would be unlikely to need this due to the transparent working relationships that existed within the team. Staff gave a comprehensive overview of how to report via whistleblowing or raising any concerns.

The deputy manager confirmed that the organisation's safeguarding practices are directed by the regional Adult Safeguarding Prevention and Protection in Partnership, July 2015 and the associated Operational Procedures, September 2016.

Staff had received adult safeguarding training. Discussion with the deputy manager and staff further established that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns, maintaining factual records and there was a clear pathway for staff to follow in relation to referring safeguarding concerns to appropriate professionals.

The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that there is an identified ASC within the SEHSCT. The deputy manager confirmed that arrangements were in place in relation to the completion of the service's annual adult safeguarding position report due 2020.

An inspection of the environment was undertaken and confirmed that it was appropriately warm, had suitable lighting and furniture and no mal odour was noted. Discussion with the deputy manager and observation of the environment confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users. Infection prevention and control measures were in place, which included the availability of supplies of liquid soap and hand towels. No obvious health and safety hazards were identified and fire exits were clear and free from obstruction.

The day centre’s fire safety precaution records were reviewed. It was noted the last evacuation drill was undertaken in August 2019. An updated fire risk assessment was completed in June 2019 and is due again in June 2021. Fire exits were observed to be clear of clutter and obstruction. Records examined identified that a number of safety checks were undertaken including: fire safety drills to ensure service users can exit safely, fire extinguishers and weekly fire alarm tests.

There were arrangements in place to ensure that staff are registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates were maintained and available to the inspector.

Staff confirmed that they felt care was safe in this setting. They described how they observe service users, noting any change in dependency, ability or behaviour and proactively take appropriate measures to promote/ensure the safety and wellbeing of the service user.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, knowledge regarding adult safeguarding, knowledge and competency in respect to safe care.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 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 appropriately responding to and meeting the needs of people who use the service.

Information relating to the nature and range of services provided was outlined in the Statement of Purpose (2019). Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

The inspector reviewed elements of six service users’ care files. Review reflected there were assessments of needs, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant. This information enables staff to adopt a consistent, user led approach, to support the service users.

Care records also reflected the multi-professional collaboration into the service users’ health and social care needs. A record was kept of each service user’s involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual. Dates and signatures were present in all of the files examined.

The deputy manager advised that service users typically had access to a care review on an annual basis or more frequently if required; involving their Health and Social Care Trust representatives and records viewed verified this. The care review records reviewed provided positive feedback from service users and their representatives with regards to the day care service.

The inspector noted some of the comments made during reviews:

- “I enjoy my activities.”
- “I’m happy with my new room.”
- “I have my friends here.”
- “I feel safe and comfortable.”
- “I’m happy with **** day care here.”
- “We are happy with Balloo and pleased the way ***** has settled.”

Discussions with the deputy manager and staff concluded that effective communication systems were in use within the staff team to ensure that staff receive information relevant to the care and support of service users.

Discussion with the staff and service users assured the staff in this setting had responded to service users’ wishes, feelings, opinion and concerns with the aim of ensuring service users were experiencing the most effective day care in this setting. Discussions between service users and staff were observed on the day of the inspection, staff encouraged service users to discuss their preferences and staff engaged them in developing their cognitive, physical and social skills through discussion and activities.

Discussion with staff during a walk around the setting evidenced awareness of the need for person centred interventions which facilitate engagement with service users and promote effective communication. They also identified service users whose independence and opportunities in the setting needed to be promoted and supported.

Observations of care showed that staff were vigilant in responding to nonverbal cues as well as verbal communications and interventions were proactive and timely.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care planning 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
Total number of areas for improvement	0	0

6.4 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 inspection sought to assess the day care setting's ability to treat service users with dignity, equality and respect and to fully involve service users in decisions affecting their care and support. Service users were informed regarding the RQIA inspector visiting the day care setting and staff encouraged them to engage with the inspector.

Discussion with staff found they were informed regarding the ethos of the day care setting which promoted choice and ensured service users had access to a friendly, caring and stimulating atmosphere. Staff also discussed how they support and encourage service users to remain active and independent in the setting by ensuring they are able to access activities that they can engage in and the space they use facilitates their independence.

Service users were enabled and supported by staff to engage and participate in meaningful activities.

Discussions with staff established that they were aware of their responsibilities and requirements to ensure service user confidentiality and consent. They recognised that giving and obtaining consent is a process, not a one off event.

Discussions with staff and observation of care during the inspection showed that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the day centre. Staff interactions with service users were observed to be cheerful, compassionate, caring and timely, with staff providing clear information, using appropriate language, demonstrating active listening skills, checking understanding and service users' expectations.

The inspector observed on numerous occasions, staff offering service user's choice regarding the activity they wished to do. Staff took time to find out what services users wanted when it was not always apparent. Staff were also observed responding sensitively and in a timely manner to the non-verbal cues of service users with limited verbal communication. Staff were noted to be busy attending to the needs of service users and they took time to listen and reassure services users as needed. It was apparent that service users were familiar with staff as they appeared relaxed and comfortable in their surroundings and interactions. There was genuine warmth in the engagement by staff with service users. Staff spoken with were knowledgeable regarding service users likes, dislikes and individual preferences.

The deputy manager confirmed that service user meetings are held regularly. A review of minutes of meetings since the last inspection verified this. A number of topics are discussed including:

- Activities
- Outings
- Fire safety
- Group staff
- Complaints.

The inspector noted a number of staff meetings facilitated by the deputy manager at which staff discussed the following:

- Training
- Infection control
- RQIA
- NISCC
- Staffing
- Supervision
- Service user updates.

Staff described the value they place on ensuring that service users are supported in an individualised manner in which their preferences and wishes are taken into account.

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
Total number of areas for improvement	0	0

6.5 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 inspector sought to assess the day centre's leadership, management and governance arrangements to meet the assessed needs of service users.

The centre is managed on a day to day basis by the manager and deputy manager, with the support of a team of day care staff. It was identified that the agency has effective systems of management and governance in place.

There was a clear organisational structure and this information was outlined in the day care settings Statement of Purpose. Staff demonstrated awareness of their roles, responsibilities and accountability. Discussion with the deputy manager confirmed that they had a good understanding of their role and responsibilities under the legislation.

The registration certificate was up to date and displayed appropriately.

Service users are advised of what they can do if they are not happy with the service within the Statement of Purpose and Service User Guide.

A complaints and compliments record was maintained in the day centre. Review of the complaints record evidenced that no complaints had been recorded since the previous care inspection. Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the deputy manager was made aware of any complaints.

Discussions with the deputy manager confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included the availability of continuous update training alongside supervision/appraisal processes, an open door policy for discussions with the management team and observations of staff practice.

A review of a sample of records verified that staff received supervision sessions and that annual appraisal (KSF) is undertaken. Staff members viewed supervision as a useful part of their accountability feedback system and of their individual development.

The inspector discussed the monitoring arrangements under regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The records viewed showed that visits were undertaken monthly by another deputy manager within the SEHSCT. A sample of reports evidenced consultation with service users and their representatives including a review of the conduct of the day centre. The inspector noted a number of comments received from, service users, staff and others.

Service users:

- “Work skills is great.”
- “I’m happy at Balloo.”
- “We ae happy with the services provided.”

Staff:

- “A safe caring, quality service.”
- “We are well supported.”
- “The team work well together.”

Relatives:

- “Thanks for all the work with ****.”
- “We are very happy with the range of activities.”
- “The staff are very helpful.”

HSC Trust staff:

- “The staff team are enthusiastic, helpful and very supportive.”
- “I’m happy with the care provided.”
- “A good open working relationship.”

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The deputy manager confirmed that this was addressed with staff through their induction, training, supervision and appraisal process.

In addition, the deputy manager confirmed that the day care setting had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The deputy manager confirmed that this data is used for the purpose of developing person centred care plans and risk assessments.

Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Advocacy
- Equity of care and support
- Individualised person centred care
- Individualised risk assessment
- Disability awareness.

Areas of good practice

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

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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