

Unannounced Care Inspection Report 6 March 2019



Bayview Resource Centre

Type of Service: Day Care Service
Address: 11-13 Ballyholme Road, Bangor, BT20 5JH
Tel No: 02891270352 Option 7
Inspector: Heather Sleator

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 purpose-built Day Care Setting with places approved for 60 people in all adult ages. Service users may have assessed needs in one or more categories of disability, infirmity, dementia, illness, sensory impairment or addiction. Programmes are arranged throughout each week to meet the needs of people in their allocated groups.

3.0 Service details

Organisation/Registered Provider: South Eastern HSC Trust	Registered Manager: Ms Lynn McQuillan
Responsible Individual: Mr Hugh Henry McCaughey	
Person in charge at the time of inspection: Lynn McQuillan	Date manager registered: 20 May 2009
Number of registered places: 60	

4.0 Inspection summary

An unannounced inspection took place on 6 March 2019 from 09.30 to 15.30 hours.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the day care centre was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the culture and ethos of the service, listening to and valuing service users, taking into account their views, choice and preferences. Good practice was demonstrated regarding the provision of therapeutic activities and recreational opportunities. Overall there was evidence of good governance arrangements; staff training, professional development opportunities, supervision and appraisal, management of accidents/incidents and complaints, continuous quality improvement and effective team working.

An area for improvement was identified under the care standards regarding the timescales for the completion of refresher training.

Service users said that they enjoyed the centre, liked coming to see their friends (staff included) and were spontaneous in their interactions with other service users and staff.

A service user said:

“I love coming here; it sets me up for the week”

The findings of this report will provide the day care centre 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	1

Details of the Quality Improvement Plan (QIP) were discussed with Lynn McQuillan, 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 16 March 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 16 March 2018

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 care centre
- incident notifications submitted to RQIA since the last care inspection
- unannounced care inspection report and QIP of 16 March 2018.

During the inspection the inspector- met with:

- the registered manager
- five staff
- nine service users on an individual basis
- observation of a morning and afternoon activity

Questionnaires were given to the staff on duty to distribute between service users and relatives. There were eight questionnaires completed and returned within the specified timescale from service users. The person in charge was provided with a poster to be displayed in the service advising of how staff could complete electronic questionnaires and submit these to RQIA. Two questionnaires was completed and returned by staff.

The following records were examined during the inspection:

- three service users' care records

- a sample of daily staff room rota
- two completed staff competency and capability assessments
- the complaints and compliments records
- incidents and accidents records
- the minutes of service user self-advocacy group meetings
- a sample of records of staff meetings
- supervision and annual appraisal planner
- a sample of monthly monitoring reports
- a staff training matrix
- quality audits/governance arrangements for the centre
- a sample of completed quality questionnaires completed by service users
- the annual fire safety risk assessment dated May 2018
- records of fire drills undertaken during 2018
- the Statement of Purpose and Service User Guide

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 registered manager, Lynn McQuillan, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 16 March 2018

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 16 March 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 26(2)(c) Stated: First time	The registered person shall ensure that the automated door to the toilets is repaired as a matter of urgency and maintained in good working order.	Met

	<p>Action taken as confirmed during the inspection: A review of the identified automated door evidenced that the door was in full working order.</p>	
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Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 5.4 Stated: First time	The registered person shall review the current format of care plans to ensure they are made available to service users in a format that is most suitable for them.	Met
	Action taken as confirmed during the inspection: A review of the service users' records evidenced that a new system of care planning and recording had been implemented. The system was still in a pilot phase at the time of the 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 registered manager explained that at all staff working in the centre were sufficiently qualified, competent and experienced and can 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 staff duty roster/daily work plan reflected the staff on duty, capacity and time worked was viewed. Staff and service users are allocated to specific activities; the staffing arrangements are to promote continuity of care and support and to build on the relationship between the service users and staff. There were eight completed satisfaction questionnaires from service users returned to RQIA. Service users expressed their satisfaction with the staff and staffing arrangements and commented; "The staff are very caring and helpful." No issues were raised by staff in respect of the staffing arrangements. Two completed staff questionnaires were returned to RQIA and both respondents were very satisfied that there were sufficient staff to meet the needs of the service users. The centre also has a number of volunteers to either assist with activities or lead an activity.

Competency and capability assessments had been completed for any person in charge of the centre in the absence of the registered manager; records of assessments retained and samples reviewed were found to be satisfactory.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff were provided. A schedule for mandatory training, annual appraisal and staff supervision was maintained and was reviewed during the inspection. Staff who supervise others, for example the registered manager and senior day care worker, had completed training in supervision and appraisal. During the review of staff training information differing timescales had been stated for refresher training. In some instances three different timeframes were stated for the renewal of

training. This was confusing and was highlighted to the registered manager and has been identified as an area for improvement under the care standards.

The registered manager explained that all staff recruitment records were retained at the South Eastern Health and Social Care Trust (SEHSCT) human resource department. Electronic confirmation of compliance with employment legislation as set within The Day Care Setting Regulations (Northern Ireland) 2007 and Department of Health (DoH) Day Care Settings Minimum Care Standards (2012) were provided to the centre's registered manager prior to new staff commencing duty.

Arrangements were in place to monitor the registration status of care staff with their professional body with monitoring records retained. The registration status of staff is also monitored at supervision.

The registered manager advised that the use of restrictive practices was very limited for example service users who are wheelchair users may use lap belts and one to one staffing arrangements for service users where there is assessed need. Discussion regarding such restrictions confirmed these were appropriately assessed, minimised and reviewed with the involvement of the multi-professional team, as required.

Discussion with staff and inspection of records confirmed that staff had a good understanding of adult safeguarding principles and their obligation in relation to raising awareness concerns about poor practice and whistleblowing. A review of staff training records evidenced that mandatory training in adult safeguarding had been provided for all staff. The review of records evidenced that there had been no safeguarding referrals made from the previous inspection in March 2018. The registered manager was the safeguarding champion for the centre and had completed the required training.

An inspection of the environment evidenced that it was clean, well maintained and that furniture, aids and appliances presented as fit for purpose. A garden area was available for service users to enjoy and discussion with staff confirmed that service users participate in the planting of bulbs and flowers. The garden area is a great attraction for service users. There were numerous notice boards throughout the centre providing service users, relatives and staff with information regarding activities, photographs of activities and events and policy guidance.

Fire safety precautions were inspected and it was noted that fire exits were unobstructed. The most recent report from the fire risk assessor was viewed and dated May 2018. The fire safety records evidenced that there had been a number of fire drills and staffs attendance was recorded to evidence the required number of fire safety training events per year had been complied with.

Service users spoken with during the inspection gave positive feedback in regard to the safe care provided. No issues or concerns were raised or indicated. A service user commented:

- “This is a fantastic place for me.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff arrangements, training, supervision and appraisal, adult safeguarding, risk management and the day centre’s environment.

Areas for improvement

An area for improvement under the care standards was identified regarding the frequency of training and/or refresher training.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?
The right care, at the right time in the right place with the best outcome.

A review of three service users’ records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and regular statement of health and well-being of the service user. Care needs assessment and risk assessments, including falls, moving and handling were reviewed and updated on a regular basis or as changes occurred.

The records also 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 records reviewed were observed to be signed by the service user and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice and staff demonstrated their knowledge of individual service users throughout the inspection. Audits of care records were conducted with random selection reviewed at staff supervision and monthly monitoring visits.

An individual agreement setting out the terms of placement were in place and appropriately signed. Records were stored safely and securely in line with data protection.

The registered manager confirmed that systems were in place to ensure effective communication with service users, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, service users’ meetings and staff meetings. The staff and a service user’s representative confirmed that management operated an “open door” policy in regard to communication within the day centre.

Service users spoken with and observation of practice during a morning and afternoon activity evidenced that staff were able to communicate and engage effectively with service users. Minutes of service users’ meetings were viewed during the inspection. There is an elected service users committee who meet 10 times per year and discuss any issues brought to their attention by other service users. The minutes of the meetings are displayed for the service users to view.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the service users.

The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for service users.

Service users spoken to commented:

- “Staff make you feel special.”
- “There’s a committee that meets once a month, it’s our time to say how things are going.”

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
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.

The registered manager confirmed that staff in the centre promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of service users. Discussion with service users, staff and observation of a morning and an afternoon activity evidenced that service users were treated with dignity and respect while staff promoted and maintained their independence. Service users stated that they were asked their opinion regarding what they like to do in day care and that staff were approachable and listened to them. One service user commented, “Staff always remember the wee things about me and ask how I am.”

Service users spoke about the range of activities they enjoyed taking part in, including bus runs, the garden, music activities, arts and craft and baking. Discussion with service users and staff along with observation of care practice and social interactions demonstrated that service users were treated with dignity and respect. Staff confirmed their awareness of promoting service users’ rights, independence and dignity and was able to demonstrate how service users’ confidentiality was protected. We observed the morning activity which was extremely popular. The service users were fully engaged with the staff member leading the group on rural life (which included a video of the birth of a foal) and many talked about how they enjoyed the group when they didn’t think that they would have. Staff were observed gently offering encouragement and support to a service user who was unsettled and demonstrated their knowledge of the individual by anticipating behaviour and giving support. Discussion with staff and service users and observation of practice confirmed that service users’ needs were recognised and responded to in a prompt and courteous manner by staff.

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. For example: service users' meetings (self-advocacy meetings), service user satisfaction surveys, annual reviews and monthly monitoring visits undertaken on behalf of the registered provider.

Service users are consulted with, at least annually, about the quality of care and environment. The findings from the 2018 consultation were collated into a summary report which was made available for service users and other interested parties to read. An action plan was developed and implemented to address areas of improvement, for example; service users had asked for more outings and games. Comments included:

- “Overall a pleasant welcoming resource centre, where friendly staff make everyone welcome.”
- “I only wish there were more facilities like Bayview, I consider myself privileged to have the use of such a facility.”

Service users spoken with during the inspection made the following comments:

- “The food’s lovely, really beautiful and always plenty of it.”
- “I love coming here, sets me up for the rest of the week.”

Eight completed questionnaires were returned to RQIA from service users. The respondents indicated that they were very satisfied that care and support was safe, effective and compassionate and that the centre was well led. Additional comments included:

- “Bayview has changed my life for the better.”
- “The staff are very caring and helpful.”
- “First rate care and life saving, excellent staff.”

Two staff questionnaires was completed and returned to RQIA. The respondents also indicated they were “very satisfied” that the care provided by staff was safe, effective, and compassionate and that the centre was well led. An additional written comment was provided:

“The standard of care and attention in Bayview is exceptional.”

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

Areas for improvement

	Regulations	Standards
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Total number of areas for improvement	0	0
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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 Lynn McQuillan, facilitated the inspection and demonstrated very good understanding of The Day Care Setting Regulations, minimum standards and the systems and process in place for the daily management of the day centre.

The registered manager described the management arrangements and governance systems and processes in place within the day centre. These were found to be in line with good practice and that the management and control of operations within the day centre was in accordance with the regulatory framework. Inspection of the premises confirmed that the current RQIA certificate of registration was displayed within a prominent position

Review of governance arrangements within the day centre and the evidence provided within the returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner.

There was a clear organisational structure and all staff demonstrated knowledge of their roles, responsibility and accountability. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the day centre through, for example, monthly monitoring visits made on behalf of the registered provider, emails and phone calls.

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 meetings, service user's guide and trust information leaflets displayed. The review of records evidenced that complaints received had been fully investigated and resolved to the complainant's satisfaction.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

A monthly monitoring visit was undertaken in accordance with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. Records of the past three months were reviewed, the reports showed the visits were unannounced, provided a view regarding the conduct of the setting, included outcomes/action plans and qualitatively reflected service users and staff views and opinions.

Reports were produced and made available for service users, their representatives, staff, trust representatives and RQIA

Discussion with staff and the registered manager confirmed that there were effective working relationships with internal and external stakeholders. The centre had a whistleblowing policy and procedure in place and discussion with one staff member established that they were knowledgeable regarding this. Staff confirmed that there were good working relationships within the day centre and that the registered manager was always responsive to suggestions and/or concerns raised. Comments received from service users included:

- “The manager always listens to you.”
- “The manager is very helpful, goes out of her way to help.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of accidents/incidents, ongoing quality improvement 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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lynn McQuillan, 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.

Quality Improvement Plan

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p>Area for improvement 1</p> <p>Ref: Standard 21.3</p> <p>Stated: First time</p> <p>To be completed by: 1 June 2019</p>	<p>The registered person shall ensure that the timescales for training are clearly stated and are consistent with the relevant legislation and the care standards.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager is working on all staff individual training cards and the training matrix to ensure that all frequencies of mandatory training are consistent with the relevant legislation and care standards Ref 6.4. This will be completed by 1.6.19</p>

Please ensure this document is completed in full and returned via Web Portal



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