

Unannounced Care Inspection Report 16 March 2018



Bayview Resource Centre

Type of Service: Day Care Setting
Address: 11-13 Ballyholme Road, Bangor, BT20 5JH
Tel No: 02891270352
Inspector: Dermott Knox

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This 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(s): Mr Hugh Henry McCaughey	
Person in charge at the time of inspection: Ms Heather Maxwell, Senior Day Care Worker	Date manager registered: 20 May 2009
Number of registered places: 60	

4.0 Inspection summary

An unannounced inspection took place on 16 March 2018 from 10.15 to 17.00.

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 day care service was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to planning, organising, staffing, direct care provision, leadership, record keeping, assessment, reviews, monitoring, supervision and auditing.

Areas requiring improvement were identified in relation to the format of care plans.

Service users said:

- “I love coming here. We chat and we knit and sing and we have a wee cup of tea. Just lovely!”
- “You see these girls (staff) here, they are the very best you could wish for. They would do anything for you. It’s a great place.”
- “We get good help here. I couldn’t put one foot in front of the other when I started here and now I can walk quite a bit, even without a stick.”

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

Details of the Quality Improvement Plan (QIP) were discussed with Heather Maxwell, Senior Day Care Worker, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent **care** inspection dated 19 January 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 19 January 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:

- record of notifications of significant events
- Record of complaints
- Quality Improvement Plan from the previous inspection on 19 January 2017
- The RQIA log of contacts with, or regarding Bayview Resource Centre

During the inspection the inspector met with:

- ten service users in group settings
- three care staff in individual discussions
- catering staff
- the senior day care worker throughout the inspection

Questionnaires were distributed to service users. Ten completed questionnaires were returned on the day of the inspection, nine from service users and one from a volunteer.

The following records were examined during the inspection:

- File records for three service users, including assessments and review reports
- Progress records for three service users
- Activity programmes and timetables
- Monitoring reports for the months of January and February 2018
- The Annual Quality Review report dated 14 December 2017
- Records of two service users' meetings
- Selected training records for staff, including staffs' qualifications
- Records of staff supervision dates
- The Statement of Purpose

- The Service User Guide
- Daily staff duty record sheets
- Records of complaints, including outcomes
- Records of incidents and accidents
- The evidence file, prepared by management for RQIA inspections

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 19 January 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 19 January 2017

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 17 (1) & Schedule 3 Stated: First time	The registered person must improve the content of the annual report. The report must refer to the matters described in Schedule 3 of The Day care Setting Regulations (NI) 2007.	Met
	Action taken as confirmed during the inspection: A comprehensive annual report dated 14 December 2017 was available for inspection. The report addressed all of the matters required by this regulation.	

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 12 Stated: First time	The registered person should bus provision for service users in this day care setting. Improvements should be put in place to avoid service users' length of their day in day care being reduced and avoid delays impacting on service users' health and wellbeing.	Met
	Action taken as confirmed during the inspection: The senior day care worker confirmed that three buses are now allocated to Bayview Resource Centre. One driver works part-time and two drivers also have caring duties in the centre, which facilitates the provision of community outings and the better timing of transport for service users to and from the centre.	

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.

Bayview Resource Centre premises were well maintained and in good decorative order, with no obvious hazards for service users or staff. Areas for improvement, identified at a premises inspection on 31 August 2016 had been completed. There is a continuing problem with one of the automated opening mechanisms on a toilet door and the person in charge stated that attempts to rectify this are ongoing since the recent installation. This door presents a safety risk to service users who have impaired mobility and it should be repaired as a matter of urgency.

Services are provided in the centre in several groups, operating in rooms which are suited to the size of the group and the nature of the activity. We were informed by one service user that pool, as an activity, is only available when supervised by an employed staff member. Previously, some activities, such as art and pool, took place under the supervision and guidance of a capable volunteer and one service user voiced concerns about this limitation. In a phone discussion following the inspection, the manager provided a satisfactory explanation for this, based on individual risk assessments. The manager also stated that a pool activity group will be commencing in June 2018.

The person in charge and other staff members, who met with the inspector, confirmed that they have confidence in the practice of all members of the staff team in their work with service users. All staff members expressed strong commitment to their work with service users and confirmed that the work is enjoyable, challenging and rewarding. Staff described the range of interests

and activities that they each supported service users to develop. There was evidence that all staff had been trained appropriately for their specific areas of responsibility.

Safeguarding procedures were understood by staff members who were interviewed. All confirmed that practice throughout the centre was of a high standard and that they were trained to respond appropriately in all aspects of their work. Safeguarding training had been provided for all staff and was identified in the training records for 2017-18.

The person in charge confirmed that fire alarm systems checks were carried out and recorded on a weekly basis and fire exits were seen to be unobstructed. Fire Safety training for all staff was completed on 30 March 2017 when the Trust's Fire Officer stated that all staff were competent. Risk assessments with regard to transport, mobility, food texture/swallowing, moving and handling, or behaviours specific to the individual, were present where relevant in the service user's file and had been signed as agreed, either by the service user or a representative. The monitoring officer carries out regular audits of a range of the centre's operations and data is presented monthly in monitoring reports.

Service users' rights and feelings, and the methods available to them of raising a concern or making a complaint were set out in the service user guide. No complaints had been received within the period since the previous care inspection. Six notifications of incidents or accidents had been received by RQIA from Bayview Resource Centre and there was evidence in the centre's records to confirm that all had been managed appropriately. Staff presented as being well informed of the needs of each service user and of methods of helping to meet those needs safely. Observation of the delivery of care, throughout the period of the inspection, provided evidence that service users' needs were being met safely by the staff on duty. The evidence presented supports the conclusion that the manager and staff are focussed clearly on the provision of safe care in Bayview Resource Centre.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the physical environment, risk assessments, fire safety, staff training, adult safeguarding and service user and carer involvement.

Areas for improvement

One toilet door presents a potential hazard to service users and it should be repaired as a matter of urgency.

	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.

The centre's Statement of Purpose and the Service User's Guide provide the information required by regulations and minimum standards. Ten service users contributed verbally, in the course of the inspection and the feedback was almost entirely positive, with the exception of one concern expressed about activities that cannot be accessed, such as pool, unless a member of staff is available to supervise it. This matter is addressed at 6.4 above. Six service users confirmed that the service had contributed very positively to their lives, through participating in activities in the centre and from enjoying occasional outings which were arranged by the centre's staff. In the centre's 2017 quality survey of service users and their relatives, 93% of respondents rated the service as 'Very Good'.

Three service users' files were examined during this inspection and each was found to contain detailed referral and assessment information on the individual and on his or her functioning, along with a written agreement on the terms of the individual's attendance. Care plans were structured in a pro-forma, part of which was divided into many boxes and cells, making it difficult to easily identify the service user's needs and the objectives relating to them, or the actions required of the day care staff, in order to meet the objectives. It is recommended that the format of the care plans should be reviewed and revised so that they are made available to service users in a format that is most suitable for them.

Each of the files examined contained risk assessments appropriate to the individual service user, making the risk and vulnerability levels clear for staff involved in the work with that person. Written records were kept of each service user's involvement and progress at the centre. Entries were made in keeping with the frequency stipulated by the minimum standards. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. Review records were available in each of the files examined and these included a comment on the service user's views. Dates and signatures were present in all of the care records examined.

There are spacious rooms available for group activities and, excluding the Butterfly Suite, the centre currently operates in four separate groups, whose numbers are planned in relation to the service users' needs, choice and agreed programmes. Where assistance was required, for example with mobilising or personal care, staff provided it discretely and respectfully. Ten service users presented positive views of the enjoyment and support that they gained from taking part in the centre's activities, such as arts and crafts, boccia, pool, computer skills, movie sessions and knitting. Service users confirmed that meals were always of a good standard. Five people spoke of the value they gained from each other's company and the general humour and friendship that goes with it.

Evidence from discussions with service users, from written records and from observations of interactions between service users and staff, confirmed that service users viewed the centre as an enjoyable place in which to spend their time. One staff member returned a completed questionnaire to RQIA, following the inspection visit. This indicated that he/she was very satisfied with the quality of the service, its safety, effectiveness, compassion and the leadership of the team. Overall, the evidence indicates that the care provided is effective in promoting each service user's wellbeing and fulfilment.

Areas for improvement

The registered person shall review the format of care plans currently in use to ensure they are made available to service users in a format that is most suitable to them.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

On the day of this inspection, the atmosphere throughout Bayview Resource Centre was calm, purposeful and encouraging. Observations of activities throughout the centre provided evidence of service users relating positively to staff and to each other. Centre-based activities were planned for service users in four groups. In all of the activities and interactions observed, service users were engaged by staff with respect and encouragement.

In one group, several people were chatting and knitting, producing items for a fund-raising sale. One woman said that she had been taught to knit by another service user and now enjoyed this activity. Others in the group contributed very positive views of the quality of care provided. In an art activity group, six people were engaged in drawing or painting, with support and guidance from a staff member, a volunteer and a relative of one of the service users. A specialised facility within Bayview has been developed for up to ten people with dementia at a time. Two staff were providing calm, supportive care for six service users on this occasion. This facility has been operating for several months on two days per week and has recently added Fridays to the service provision, with the number of people attending being gradually increased. Observation of practice confirmed that a high quality service was being provided by skilled staff.

Service users confirmed that staff listen to them and encourage them to take part in their activity plans for day care. Activity programmes are worked out with each individual’s agreement and there was evidence of changes being introduced in order to promote peoples’ involvement. Nine service users and one volunteer contributed positive ratings in questionnaires on their levels of satisfaction with the centre, in terms of a safe , effective, compassionate and well led service. Comments included, “I am satisfied with all aspects of care. Treated at all times with dignity and respect.”

Staff demonstrated a good knowledge of each service user’s assessed needs as identified within the individual’s records. The systems in place to ensure that the views and opinions of service users were sought and taken into account included the development of personal profiles, regular meetings of elected service user representatives with the manager, an annual quality review, sampling of service user views by the monitoring officer and regular group discussions with staff during activity sessions.

Staff, including care, catering and domestic services staff, who met with the inspector, emphasised the importance of promoting the dignity of each service user. The caring nature of practices that were observed was reflected in good quality contact records, written for each person in keeping with the frequency required by the minimum standards. These were referred to by staff in keyworker roles when preparing an annual review report. The evidence presented at this inspection indicates that compassionate care is provided consistently by the staff team in the Bayview Resource Centre.

Areas of good practice

Examples of good practice were found throughout the inspection in relation to the culture and ethos of the day care setting, verbal communication between staff and service users, listening to and valuing service users, demonstrations of calm, warm and supportive interactions by staff toward service users and volunteers.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

Discussions with the manager, ten service users and three staff members, and an examination of a range of records, including organisational charts and notices, staff training schedules, monitoring reports, an annual quality review report and a SE Trust Review of Care (03 October 2017) provided evidence that effective leadership and management arrangements are in place in Bayview Resource Centre. There was evidence in the centre's most recent annual quality survey report to show that service users and their relatives rated the service very positively. This report also provided extensive commentary on the monitoring officer's interviews with staff and volunteers throughout 2017. These were very positive and provided wide-ranging evidence of staff members' commitment to their own learning and development.

Staff training records confirmed that staff had received mandatory training and training specific to the needs of service users in this setting. Additional training topics during 2017 included, Caring for Dementia, Dementia Champions, and Epilepsy Awareness. Discussions with staff and examination of records confirmed that staff meetings were held monthly and that the staff team was well involved in discussing issues related to the operations of the centre. Staff reported that the manager updated information regularly in 'team briefs' and that they were consulted on a range of decision making aspects of the service. There was evidence from the clear and well detailed records and from discussions with staff, to confirm that working relationships within the team were positive and supportive and that team morale was good. Staff commented that the manager's leadership style motivated the team to maintain and improve the efficiency and effectiveness of the centre.

Staff were well informed on all aspects of the centre's operations and proved very able in contributing to RQIA's requirements for this inspection. It was good to see that all care staff held relevant qualifications and that staff were being supported to further these where possible. Staff members viewed supervision positively and records showed that formal supervision was taking place more frequently than the minimum standard requirement. There was evidence from discussions with staff to confirm that ideas for improvement are encouraged. Staff felt they were well supported following any incidents that they found challenging in their work. High levels of enthusiasm for the work of the centre were displayed by all staff who contributed to this inspection.

Two monthly monitoring reports were examined and were found to address all of the matters required by regulation. Each report contained well-detailed feedback from discussions with members and with one or two staff members. A sample of service user records was checked during each visit and a check completed of an aspect of the centre's compliance with a selected standard or area of performance. Any resulting necessary improvements were clearly set out in an action plan. This approach to monthly monitoring aligns well with the centre's commitment to the provision of a high quality service. Overall, the evidence available at this inspection confirmed that Bayview Resource Centre is well led.

Areas of good practice

Examples of good practice found throughout the inspection included, planning, organising, staffing, leadership, staff training, supervision, building good working relationships, delegation, information sharing, governance arrangements including monthly monitoring, management of complaints and management of incidents and accidents.

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 Heather Maxwell, Senior Day care Worker, 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 Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 26(2)(c) Stated: First time To be completed by: 30 March 2018	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. Ref: 6.4 Response by registered person detailing the actions taken: The automatic doors were repaired by Outside Contractor on 20.3.18 and are in good working order.
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 5.4 Stated: First time To be completed by: 31 May 2018	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. Ref: 6.5 Response by registered person detailing the actions taken: The current format of care plans are being reviewed to reflect the one page profile assessment which each individual service user has in place. A support plan will be created in a person centred format and sit side by side the one page profile and will be reviewed as and when required.

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)