

Unannounced Care Inspection Report

11 June 2019



Carlisle Day Centre

Type of Service: Day Care Service

Address: 2 Carlisle Terrace, Belfast, BT15 2PR

Tel No: 028 90 639800

Inspector: Heather Sleator

www.rqia.org.uk

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 30 places that provides care and day time activities for people living with dementia.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust	Registered Manager: Shauna Breslin
Responsible Individual: Martin Joseph Dillon	
Person in charge at the time of inspection: Shauna Breslin	Date manager registered: 16/01/2017
Number of registered places: 30	

4.0 Inspection summary

An unannounced inspection took place on 11 June 2019 from 09.030 to 16.00 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 settings, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek 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. They should also experience the choices and freedoms associated with the centre.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the day care setting 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 and their representatives, taking into account their views, choice and preferences. Good practice was demonstrated regarding the provision of therapeutic activities and recreational opportunities

Areas requiring improvement were identified in regard to regarding providing service users and visitors of information in relation to the adult safeguarding arrangements, ensuring that the action taken in respect of fire safety recommendations are clearly stated, ensuring that service users' assessments and care plans evidence regular review so as to accurately reflect, at all times, current needs and evidencing that the remedial action taken, where a shortfall was noted when completing quality assurance audits, is clearly stated and validated by the registered manager.

Service users said:

- “You couldn’t get better staff, they’re just brilliant”.
- “This is a great place, gives me something to get up for in the mornings”.

A relative said:

“We were given a service users guide at the start, I spent nearly the whole day the first time my (relative) came, and staff explained everything.”

The findings of this report will provide the day care setting 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	4

Details of the Quality Improvement Plan (QIP) were discussed with Shauna Breslin, 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 25 September 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 25 September 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 25 September 2018

During the inspection the inspector met with:

- the registered manager, Shauna Breslin
- four staff
- eight service users on an individual basis
- two service users representatives

Questionnaires were given to the staff on duty to distribute between service users and relatives. There was one questionnaire completed and returned within the specified timescale from a service users’ representatives.

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. There were no questionnaires completed and returned by staff within the specified timescale.

The following records were examined during the inspection:

- three service users' care records
- staff duty rota from 20 May to 11 June 2019
- 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
- the minutes of staff meetings
- supervision and annual appraisal planner
- three monthly quality monitoring reports
- a staff training matrix
- quality audits/governance arrangements for the centre
- the annual fire safety risk assessment dated February 2017
- records of fire drills undertaken during 2018
- the Statement of Purpose and Service User Guide

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 25 September 2019

The most recent inspection of the day centre 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 25 September 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 29 (1) (d) Stated: First time	The registered person shall report the incident to RQIA that was reportable under this regulation retrospectively.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and a review of documentation evidenced that the identified incident had been reported to RQIA retrospectively.	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 23.3 Stated: First time	The registered person shall provide evidence the Day Care Workers who are left in charge are willing, competent and capable of acting up in the managers absence.	Met
	Action taken as confirmed during the inspection: The review of two competency and capability assessments for two day care workers evidenced that the assessment was current and had been signed by the manager and the staff member.	
Area for improvement 2 Ref: Standard 7.4 Stated: First time	The registered person shall ensure service users' assessment documentation is stored with the current care plan so any changes in the service user's health or welfare can be identified quickly in terms of the assessment and care plan.	Met
	Action taken as confirmed during the inspection: The review of three service users' files evidenced that all required information was retained within the individual's file.	

Area for improvement 3 Ref: Standard 15.1 Stated: First time	The registered person shall improve the individual service users review documentation to ensure it details who was present at the meeting and clearly shows if the meeting took place in partnership with the service user and/or their relative and BHSCT representative.	Met
	Action taken as confirmed during the inspection: Evidence was present in two service users files of review documentation and evidenced that the details of who attended the meeting including Trust representation.	

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 staff duty roster/daily work plan reflected the staff on duty, capacity and time worked was viewed. Staff and service users attended specific activities of their choice; the staffing arrangements promoted continuity of care and support and enhanced the relationship between the service users and staff. We met with service users who expressed their satisfaction with the staff and staffing arrangements. One service user commented; "It's a great place, gives me something to get up for in the morning." No issues were raised by staff in respect of the staffing arrangements and there were no completed staff questionnaires were returned to RQIA within the specified timescale. We met with the relatives of two service users who again were very complimentary about the staff team and commented, "Staff are excellent, they've been so helpful to me."

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

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff were provided. The review of the corresponding records in respect of staff training and supervision and appraisal were reviewed and whilst present they were disorganised. Jane Hagan, Assistant Services Manager, Belfast Health and Social Care Trust (BHSCT) was present for feedback at the end of the inspection. Mrs Hagan stated that a standardised template for these systems was being introduced and would, in future, provide a comprehensive overview of staffs' compliance with mandatory training and supervision and appraisal.

The manager explained that all staff recruitment records were retained at the Belfast Health and Social Care Trust (BHSCT) human resource department. The manager confirmed that 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 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.

We were advised that the use of restrictive practices was very limited for example; the front door of the day centre is locked. There was a notice at the front door stating why the front door was locked, (security purposes). The manager stated that currently there was no assessed need for the use of any form of a restrictive practice. A policy was available and 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 September 2018. It was stated that the manager was the safeguarding champion for the centre. It would be helpful if information in relation to the safeguarding procedures were displayed in the centre for service users' and visitors information. The first point of contact namely the safeguarding champion should be identified and contact details stated. This has been identified as an area for improvement.

Carlisle Day Centre was well maintained and in good decorative order. There are several rooms, of varying sizes, available for group activities and for individual work with service users, when necessary. There is a small garden area which service users have use of and this is a popular place in the better weather. There were notice boards throughout the centre providing service users, relatives and staff with information regarding activities, photographs of activities and events and information leaflets.

Service users and staff, who met with us, confirmed that they have confidence in the practice of all members of the staff team in their work with service users. Staff members had generally been employed in the centre for lengthy periods and expressed strong commitment to their work with service users, which, they confirmed, is enjoyable and rewarding

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 February 2019. Evidence was not present that recommendations made in the fire safety report had been actioned and signed off by the manager. This has been identified as an area for improvement. This information is expected as part of the centre's governance arrangements. Governance arrangements are discussed further in 6.7. 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:

“You couldn't get better staff, they're just brilliant.”

Areas of good practice

Examples of good practice found throughout the inspection included: staff work rotas, staff induction, staff training, adult safeguarding and service user and staff engagement.

Areas for improvement

Areas for improvement were identified regarding providing service users and visitors of information in relation to the adult safeguarding arrangements and ensuring that the action taken in respect of fire safety recommendations are clearly stated.

	Regulations	Standards
Total number of areas for improvement	0	2

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 generally maintained in line with the legislation and standards. They included an assessment of need, life history, risk assessments, care plans and regular statement of health and well-being of the service user. The review of one service user's record showed that the care needs assessment and risk assessments, including falls and moving and handling had been reviewed and updated as changes had occurred. However, the review of the service users records evidenced that the evaluation period in most records was stated as 'on-going'. This is not good practice. Assessments and care plans should be reviewed and considered on a regular basis to accurately reflect, at all times, the needs of the service user. This has been identified as an area for improvement.

The records also reflected the multi-professional input into the service users' health and social care needs. 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 however; a more systematic approach to the auditing of care records was discussed with the manager as part of the governance arrangements. Refer to 6.7.

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.

We 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. Service users' had suggested outings to the cinema and for example, St George's Market.

There was nothing to state that this may happen. Where suggestions are made by service users' at meetings, the minutes of the meeting should reflect if the suggestion could be acted upon and if not, why not. The manager agreed to ensure this information was present in the future

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. A day care worker and a service user's representative confirmed that arrangements were in place, in line with the legislation, to support and advocate for service users and their representatives.

Staff and a service user's representative spoken to commented:

- "Good team and good morale." (Staff)
- "This is my lifeline; I don't know what I'd do without it." (Service user's representative)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between service users, staff and service users' representatives.

Areas for improvement

An area for improvement was identified regarding ensuring that service users' assessments and care plans evidence regular review so as to accurately reflect, at all times, current needs.

	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 in centre was welcoming and purposeful and service users and their representatives, arriving at the centre, were greeted warmly by their friends and by staff members. Observations of interactions throughout the day provided evidence of service users relating positively to staff and to each other. Service users were engaged by staff with respect and encouragement at all times. Staff respected the wishes of service users as to whether they wanted to 'join in' the activities or be an observer.

Activities, such as art, music, quizzes, crafts and board games were part of the weekly programme. Shopping trips to local venues are arranged as well. We met with service users in the morning activity. Service users spoke very positively in respect of the range of activities available and were appreciative of the outings which were thoroughly enjoyed. Service users confirmed that staff listen to them and encourage them to take a full part in developing their plans for day care through the members meetings and the approachability of staff. Staff members were observed interacting sensitively with service users and being attentive to each person's needs.

Systems were in place to ensure that the views and opinions of service users were sought and taken into account and included regular service user meetings, an annual quality survey of

service users and their carers or relatives and daily discussions with service users and their representatives in groups or individually. The minutes of the service users meetings provided evidence of a strong focus on involving and empowering service users to contribute to decisions about the way in which the day care service is run however, as previously discussed the outcome of their suggestions should be stated. Preparation for each person's annual review included a meeting with the key worker to discuss the value of attending the centre and appropriateness of the existing programme of activities.

During each monthly monitoring visit the views of a sample of service users were sought and their views were reflected in good detail in all three of the monthly monitoring reports that were reviewed. Each person's file contained progress notes relating to that person's involvement and wellbeing and these reflected the caring nature of the relationships and interactions observed during the inspection. Staff members' comments and actions, along with the views expressed by service users' representatives confirmed that compassionate care was being provided consistently in Carlisle Day Centre.

There were no completed questionnaires returned to RQIA from service users

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

- "Staff have been great; they keep saying to me 'we will help you to support your (relative)'."
- "Everyone has been so friendly."
- "Staff have talked through my (relative) support plan with me."
- "Staff have given me good advice and suggestions, for example; how to get my (relative) to eat at home."
- "Everyone has been involved; the occupational therapist came to the centre to see how my (relative) was getting on."
- "Age NI have been wonderful."
- "We were given a service users guide at the start and I stayed nearly the whole day the first time my (relative) came here and staff explained everything."

We spoke to staff during the inspection and comments included:

- "We have a meeting in the morning before we start to discuss and plan our day."
- "We have regular staff meetings anddoes my supervision."

There were no completed questionnaires returned to RQIA from staff within the specified timescale.

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 and taking account of their views.

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.

The centre's statement of purpose and service users guide fully and accurately reflected the regulations and care standards and were displayed in the entrance lobby. The manager, Shauna Breslin, facilitated the inspection and demonstrated a 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. A wide range of documentary evidence to inform the inspection's findings, including minutes of staff meetings, service users meetings, monitoring reports, audit records, work rotas, service users' files, staffing information and written policies and procedures were made available. We discussed a range of the centre's current strengths and the aspects that require further development, as identified in 6.4 and 6.5. As discussed with the manager that a robust system of quality auditing (governance) should be in evidence, for example; auditing of care records, staffs compliance with mandatory training, service users' meetings. Auditing should show the action taken where a shortfall was noted or in the case of service users' meetings suggestions being acted upon. This has been identified as an area for improvement.

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 both announced and unannounced, provided a view regarding the conduct of the setting, included outcomes/action plans and qualitatively reflected service users and staff views and opinions.

Carlisle Day Centre and the Belfast Health and Social Care Trust have systems in place to ensure that staff were well-informed on the responsibilities of their roles and the expected standards of practice. Staff confirmed that there were good working relationships within the day

centre and that the manager was always responsive to suggestions and/or concerns raised. One staff member commented:

- “Confident that if I went to the manager things would be sorted but no need to, good team and good morale.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation ongoing quality improvement and maintaining good working relationships.

Areas for improvement

An area for improvement was identified in relation to ensuring that the remedial action taken, where a shortfall was noted when completing quality assurance audits is clearly stated and validated by the registered manager.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

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

Area for improvement 1 Ref: Standard 13.2 Stated: First time To be completed by: 15 July 2019	<p>The registered person shall ensure that information is available for service users and displayed in the centre regarding the adult safeguarding arrangements. The information should include the first point of contact in the centre and contact details.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Safeguarding information and guidance for service users and their carers is prominently displayed upon entering the building at Carlisle Day Centre. The first point of contact and contact details are highlighted.</p>
Area for improvement 2 Ref: Standard 28.3 Stated: First time To be completed by: Immediate action	<p>The registered person shall ensure that evidence is present to verify that action recommended following fire safety inspections has been taken.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: All actions recommended in Fire Inspection report available in Carlisle Day centre have been addressed and have been emailed to Fire Inspector.</p>
Area for improvement 3 Ref: Standards 4 and 5 Stated: First time To be completed by: 22 July 2019	<p>The registered person shall ensure that assessments and care plans are regularly reviewed to reflect and verify the service user's current needs.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: All assessments and care plans have a date for review and reflect service users' current needs. Monthly audits of assessments and care plans are completed by the manager to ensure they are compliant with the service standard and reflect service user needs.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 17.2</p> <p>Stated: First time</p>	<p>The registered person shall ensure that robust governance arrangements are in place and where a shortfall is noted; the action taken is stated, is dated and validated by the registered manager.</p> <p>Ref: 6.7</p>
<p>To be completed by: 1 August 2019</p>	<p>Response by registered person detailing the actions taken: The Manager of Carlisle I will ensure that robust governance arrangements are in place through regular auditing and evaluation of the service. The manager will ensure a staff training matrix to support monitoring of compliance with mandatory training, that a matrix is developed to provide an overview of the auditing of care records and of service users meeting and actions arising from same. As part of the monthly monitoring visit the ASM will monitor compliance with service standards for audits and those actions, arising from audits and meeting are completed.</p>

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



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