

# Care Inspection Report

## 07 February 2017



## Carlisle Day Centre

**Type of service: Day Care Service**  
**Address: 2 Carlisle Terrace, Belfast, BT15 2PR**  
**Tel no: 02890639800**  
**Inspector: Dermott Knox**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Carlisle Day Centre took place on 07 February 2017 from 10.30 to 16.30.

The inspection sought to assess progress with any issues raised 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.

### **Is care safe?**

Carlisle Day Centre premises were clean, well decorated and in good condition, with no obvious hazards for service users or staff. There are sufficient, well-furnished rooms for group activities and for individual work with service users. Staffing records, and discussions with staff and service users confirmed that staffing levels are sufficient to meet the assessed needs of service users. Safeguarding procedures were understood by all staff who were interviewed. Staff members confirmed their trust in the caring qualities and commitment of their colleagues and were confident that poor practice would not be tolerated. Risk assessments were being carried out regularly in an effort to minimize risks and to manage them consistently. Observations 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. No areas for improvement were identified at this inspection with regard to the provision of safe care.

### **Is care effective?**

Detailed assessment information supported the delivery of effective care for those service users whose records were examined at this inspection. Use of a form titled, "This is Me", helped to gather self-assessment information from service users and/or their carers. A recommendation is made that staff expand the content of this form, where possible, with the agreement of the service user. The positive value of the day care service was confirmed by all of the service users and staff members who met with the inspector. There was written evidence in review reports to verify that there are effective outcomes of the day care service in terms of benefits for service users and their carers. Staff were deployed in a manner that made good use of their skills and experience. Three staff members spoke of supportive and positive working relationships within the team. The evidence indicates that Carlisle Day Centre is providing a good level of effective care that the new manager and enthusiastic staff plan to review, develop and continually improve.

### **Is care compassionate?**

Interactions between staff members and service users were seen and heard to be warm, respectful and caring. Staff who met with the inspector emphasised the importance of respecting and promoting the dignity of each service user. The caring nature of practices that were observed was reflected in good quality progress records. Six service users contributed a variety of positive comments on their enjoyment of attending the centre and on its value to them socially. Service user meetings provided regular opportunities for views to be aired. Three service users, who completed questionnaires for the inspection, indicated that they were very satisfied with the provision of compassionate care. In the centre's most recent annual quality survey, in May 2016, all nineteen respondents rated the overall quality of the service as 'very satisfactory'. A recommendation is made with regard to the content of one of the survey questions. The evidence presented at this inspection indicates that compassionate care is provided by Carlisle Day Care Centre.

## Is the service well led?

Carlisle Day Care Centre and the Belfast HSC Trust have systems in place to ensure that staff are well-informed on the responsibilities of their roles and the expected standards of practice. There is a well-planned programme of training and staff are supervised and well supported within the team. Evidence from discussions with staff indicates that they welcome the appointment of a new manager who has begun to develop positive working relationships with members of the staff team. Team members confirmed that they have the confidence and support of their colleagues. Service users in the centre stated that the service was well organised and well-staffed by very caring people. For the most part, service users' records were satisfactory. Two areas for improvement were identified to the manager and these are set out in section 4.6, below. Monthly monitoring reports were clear and showed that monitoring visits were made regularly. There was evidence to show that management and leadership of the key aspects of the service had been maintained satisfactorily in the absence of a permanent manager and that the recently appointed manager was working constructively to support and lead the staff team.

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	4

Details of the Quality Improvement Plan (QIP) within this report 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.

### 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent care inspection on 04 August 2015.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Belfast HSC Trust/Mr Martin Joseph Dillon	<b>Registered manager:</b> Ms Shauna Breslin
<b>Person in charge of the service at the time of inspection:</b> Ms Shauna Breslin	<b>Date manager registered:</b> 16 January 2017

### 3.0 Methods/processes

Prior to inspection we analysed the following records:

- Record of notifications of events
- Record of complaints
- Quality Improvement Plan from the previous inspection on 28 July 2015.

During the inspection the inspector met with:

- Six service users in group settings
- One service users individually
- Three care staff, in individual discussions
- The registered manager at the commencement and conclusion of the inspection.

Questionnaires were left with senior staff to be distributed to service users, staff and a number of relatives or carers of service users. Ten completed questionnaires were returned to RQIA, four from service users, one from a relative and five from staff members.

The following records were examined during the inspection:

- File records for four service users, including assessments and review reports
- Progress records for four service users
- Monitoring reports for the months of September, November and December 2016 and for January 2017
- The centre's monthly management report for December 2016
- Record of complaints
- Training records for all staff
- Fire safety records
- Quality survey report for 2016
- Procedures for Responding to Behaviours that Challenge Staff or Others
- Procedures for handling Service Users' Monies.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 04 August 2015

The most recent inspection of the service was an unannounced care inspection. The completed QIP was returned and approved by the specialist inspector. The QIP has been validated by the inspector at this care inspection.

## 4.2 Review of requirements and recommendations from the last care inspection dated 04 August 2015

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> First time</p>	<p>With regards to the recent appointment of a temporary manager for Carlisle Day Centre, the registered persons must:</p> <ul style="list-style-type: none"> <li>(a) formally notify RQIA's registration team of the registered manager's absence from Carlisle Day Centre for a period of more than 28 days;</li> <li>(b) inform RQIA of the expected length of the registered manager's absence;</li> <li>(c) the arrangements in place for the running of the day centre during that absence;</li> <li>(d) the name and qualifications of the person who will be temporarily managing the day centre;</li> <li>(e) the number of days or hours per week the proposed temporary manager will be based in Carlisle Day Centre.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> A newly appointed manager has been in post since mid-January 2017 and has been registered by RQIA.</p>	<b>Met</b>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 20</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall having regard to the size of Carlisle Day Centre and the number and needs of service users; inform RQIA of the arrangements in place:</p> <ul style="list-style-type: none"> <li>• when the temporary manager is not onsite in Carlisle Day Centre (as she is also the manager of Ballyowen House residential unit) to cover the day care worker's position when he is undertaking management duties in the centre.</li> <li>• To cover the vacant care assistant position (staff member is on long term leave).</li> </ul>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> The inspector confirmed that suitable arrangements had been in place prior to the appointment of the permanent manager.</p>	
<p><b>Requirement 3</b> <b>Ref:</b> Regulation 28(5) <b>Stated:</b> First</p>	<p>The manager should ensure Carlisle Day Centre's monthly monitoring reports are retained in the centre and made available for inspection purposes.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Monitoring reports were available for inspection in the centre.</p>	
<b>Last care inspection recommendations</b>		<b>Validation of compliance</b>
<p><b>Recommendation 1</b> <b>Ref:</b> Standard 17.6 and 17.8 <b>Stated:</b> First time</p>	<p>The manager should further review Carlisle Day Centre's Statement of Purpose and Service Users Guide so they fully reflect the centre's current management and staffing arrangements. Copies of these documents should be forwarded to RQIA.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The statement of purpose and the service user's guide had been updated as necessary.</p>	
<p><b>Recommendation 2</b> <b>Ref:</b> Standard 18 <b>Stated:</b> First time</p>	<p>The manager should ensure:</p> <ul style="list-style-type: none"> <li>(a) all of the policies specified in appendix 2 of the Day Care Settings Minimum Standards are accessible and made available in the centre;</li> <li>(b) the centre's continence promotion procedures are reviewed and updated to reflect current best practice guidelines.</li> <li>(c) review the centre's care plan procedure (dated 11 April 2012).</li> </ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The provider's compliance with this recommendation was verified by the inspector.</p>	
<p><b>Recommendation 3</b> <b>Ref:</b> Standard 27</p>	<p>With regards to ensuring the privacy, dignity and confidentiality of service users, the manager should review the current storage of service user's personal incontinence products. This includes</p>	<b>Met</b>

<p><b>Stated:</b> First time</p>	<p>consultation with identified service users to review the labelling of their boxes presently located on open shelves in the hairdressing room. This is so other service users cannot identify who the boxes belong to.</p>	
	<p><b>Action taken as confirmed during the inspection:</b> An appropriate solution to this matter had been found and implemented.</p>	
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 5.2</p> <p><b>Stated:</b> First time</p>	<p>With regards to continence promotion, the manager should ensure the care plans are reviewed of those service users who need staff support or assistance. Where relevant, the revised care plans should reflect:</p> <ul style="list-style-type: none"> <li>• How the service user is approached</li> <li>• The language used by staff</li> <li>• If a preferred bathroom is used</li> <li>• The name and size of continence product used and where this is stored</li> <li>• The name and type of equipment used and the type and size of sling</li> <li>• The number of staff needed to provide assistance</li> <li>• The level of staff support and assistance needed</li> <li>• If a change of clothes is available and where these are located.</li> </ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> A sample of the relevant care plans was found to comply with this recommendation.</p>	
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 15.5</p> <p><b>Stated:</b> First time</p>	<p>With regards to the reports from service user's initial and annual reviews of their day care placement; the manager should ensure:</p> <p>(a) These reflect the views and opinions of service users or where appropriate their representative/carer.</p> <p>(b) Consideration is given to reviewing the service's initial review template.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Review reports that were examined at this inspection were in compliance with this recommendation.</p>	

### 4.3 Is care safe?

Carlisle Day Centre premises were clean, well-furnished and equipped and in very good condition, with no obvious hazards for service users or staff. There is comfortable space available for group activities and for individual work with service users, when necessary. The manager and three 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. Each of the three senior staff members, who may take charge in the manager's absence, has been assessed as competent and capable of being in charge of the centre. Staff selection methods were reported by staff members as being standardised and professional. Staff recruitment and selection records are held in the trust's Human Resources Department. Staffing duty records and discussions with staff confirmed that staffing levels in the centre met the assessed needs of the service users. Safeguarding principles and procedures were understood by staff who were interviewed.

There were systems in place to ensure that risks to service users were assessed regularly and managed appropriately and this included inputs by community based professionals, service users and, where possible and appropriate, a relative/carer. Risk and vulnerability assessments with regard to transport and moving and handling, were present in each of the service user's files examined and two of the four had been signed as agreed by the service user or a representative. A recommendation covering the signing of records is included at 4.4 below.

Fire alarm systems checks were carried out and recorded on a weekly basis and fire exits were seen to be unobstructed. All three of the day care workers were trained as fire wardens and the manager stated her intention to undertake this training as soon as it becomes available. Records of fire safety checks and evacuations were clear and well-detailed and these were described clearly by one of the day care workers on duty.

During the inspection visit, four service users spoke very positively of the quality of care provided at the centre and confirmed that they felt safe in the centre, in the transport bus and in organised activities. Staff presented as being well informed of the needs of service users and of methods of helping to meet these needs safely. 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. 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 team.

Four notifiable events had been reported to RQIA since the previous care inspection and all had been managed appropriately. Two complaints had been recorded in that period and both had been resolved to the full satisfaction of the complainant.

The evidence presented supports the conclusion that safe care is provided in Carlisle Day Centre.

#### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.4 Is care effective?

A manager was appointed to Carlisle Day Centre in January 2017 following a period of several months during which the three senior staff carried out the main management duties in the centre. These staff expressed satisfaction that the manager's position is now filled permanently so that they may focus more of their time on direct work with service users. Staff members confirmed that formal supervision and annual appraisals were taking place regularly. Records of staffs' training were up to date and there was evidence from discussions with staff to confirm that the team was supportive and well-motivated to provide effective, high quality care.

Four service users' files were examined and each was found to contain satisfactory referral and assessment information on the individual and on his or her functioning. A written agreement, signed by the service user, or a representative, was present in each of the files. Care plans were clearly set out and had relevant care objectives, though some of these did not include all of the relevant and necessary dates and signatures. It is recommended that the manager should carry out routine audits of service users' files and other key records in order to ensure that they and the associated practices are satisfactory.

A record was kept of each service user's involvement and progress at the centre and entries were in proportion to the frequency of attendance of the individual. Review records, informed by the written progress notes and including the service user's views, were available in each of the files examined. Review outcome reports provided evidence that an evaluation of the overall suitability of each placement had been discussed in detail and agreed by all those involved. Staff stated that they had good working relationships with community based personnel who have referred clients to the day centre and who contribute to the review process.

Five service users in a group discussed their experiences of participating in the centre's activities and in their individual care programmes and presented positive views of the support that they received from all staff. Two people were pleased that the centre has a garden that attracts birds, which they enjoyed looking at. One person, who attends every weekday said, "The staff are very good and you only have to ask if you need anything".

#### Areas for improvement

The manager should carry out routine audits of service users' files and other key records in order to ensure that they are complete and that the associated practices are satisfactory.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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#### 4.5 Is care compassionate?

Observations of activities throughout the centre provided evidence of service users relating positively to staff and to each other. In all of the interactions observed, service users were engaged with warmth and respect. The centre makes creative use of art and craft work, to highlight service users' involvement in the operations of the centre. There is an extensive and interesting activity schedule with choices to ensure that each service user's preferences are catered for.

Service users, who spoke with the inspector, confirmed that staff listen to them very well and involve them in deciding what they want to do during their time in the day centre. Two service

users, individually, discussed their feelings of comfort and security in attending the centre, rather than being alone during much of the day. Service users confirmed that meals were always of a good standard and were suitable for each individual's needs.

There was evidence from observations and from written records to confirm that service users are afforded choice and are encouraged by staff in constructive activities. Good use is made of photographic records of activities to remind people of their involvement and enjoyment. Service users were observed demonstrating consideration and patience toward one another. Staff who were interviewed were knowledgeable of each service user's needs as identified in his or her assessment records and in the care plan.

There were systems in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them, including through the review process, the daily conversations that staff are involved in with each person and the "This is Me" record, a written account of the person's interests, preferences, relationships and background. Responses in the four service user's questionnaires returned to RQIA affirmed that compassionate care was delivered to a very satisfactory standard within the day care setting. These responses, plus five from staff members and one from a relative/carer, rated all aspects of the service very highly. The one relative wrote, "Staff are brilliant. Very caring and compassionate. I trust them 100% with my (relative's) care."

At each monthly monitoring visit the views of a sample of service users were sought by the monitoring officer. Their comments were included in some of the monthly reports for 2016 that were reviewed. The centre's report of The Annual Survey of the Quality of Care for 2016 provided evidence of consultation with both service users and their representatives. The findings of this survey were very positive, with two thirds of the questions eliciting unanimously "Very satisfied" responses. In the remaining three questions, one or two respondents had answered either N/A or "Not sure". One question, asking for peoples' views on other service users as companions, is inappropriate for this survey and should be discarded.

### Areas for improvement

The question relating to service users' or carers' views of other service users should not be included in future quality surveys.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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### 4.6 Is the service well led?

The Belfast HSC Trust has quality assurance systems in place, through which operations are monitored and staffs' practice is evaluated. Service users stated that the service was well organised and well-staffed by very caring people. Records of service users' meetings and staff meetings were satisfactory, although staff meetings were held less frequently than they should during 2016. There was evidence to indicate that most of the centre's key functions have been satisfactorily maintained throughout the absence of a permanent manager and that staff have a high level of commitment to the provision of a good quality service.

Staff members who were interviewed confirmed that team morale is good and that they have confidence in, and support of, their colleagues. Staff training records were well kept and up to date and staff reported that the Trust provided good training opportunities. It was also evident that some staff members enthusiastically pursue their own learning and development alongside

the training that is provided. This is a key indicator for continuous improvement in a service and is commendable.

Staff members confirmed that formal supervision was provided regularly, at least quarterly and was supportive. Supervision records were not examined at this inspection.

Monitoring reports for the months of September, October, November and December 2016 were examined and were found to address all of the required areas of the centre's operations. Monitoring reports were clear and fairly comprehensive and an "Action Plan" was included where necessary. Monthly Management Reports, which had been kept up to date, recorded both statistical data and qualitative information. The Management Report for December 2016 was reviewed.

"This is Me" documents, in use for gathering information about each service user, from that person or a family member, were in some cases sparsely completed. Staff should be encouraged to record the pieces of information about each service user, which is discovered in everyday conversations, e.g. schools attended, streets lived in, jobs held, the names and relationships with family members and friends, so that all staff will have access to this for stimulating reminiscence and discussion with the person as memory declines and/or dementia progresses. This might be an appendix to the "This is Me" document.

### Areas for improvement

Staff should be encouraged to record information about each service user, which is discovered in everyday conversations, e.g. schools attended, streets lived in, jobs held, the names and relationships with family members and friends, so that all staff will have access to this for stimulating reminiscence and discussion with the person as memory declines or dementia progresses.

Staff meetings should be held at least quarterly.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	2
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## 5.0 Quality improvement plan

Any issues 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 centre. 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.

### **5.1 Statutory requirements**

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Settings Regulations (Northern Ireland) 2007.

### **5.2 Recommendations**

This section outlines the recommended actions based on research, recognised sources and Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

### **5.3 Actions to be taken by the registered provider**

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 17.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2017</p>	<p>The registered provider should carry out routine audits of service users' files and other key records in order to ensure that they are complete and that the associated practices are satisfactory.</p>
	<p><b>Response by registered provider detailing the actions taken:</b> Care plan audits have commenced and will be completed for two service users on a monthly basis by the registered manager. Other service user record will be audited on a monthly basis by the registered manager to ensure person centred care planning and implementation of the recommendations of other professionals, who have assessed the service user eg SALT will be included in care plan.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 8.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 April 2017 (or before further use of the questionnaire)</p>	<p>The registered provider should review and revise the quality survey questionnaire to ensure that all questions are appropriate to their purpose. The question relating to service users' or carers' views of other service users as companions should not be included in future quality surveys.</p>
	<p><b>Response by registered provider detailing the actions taken:</b> The quality survey has been reviewed and the question relating to carers views of other service users as companions has been removed as recommended..</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 8.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2017</p>	<p>The registered provider should ensure that staff are encouraged to record information about each service user, which is discovered in everyday conversations, e.g. schools attended, streets lived in, jobs held, relationships with family members and friends, so that all staff will have access to this for stimulating reminiscence and discussion as memory declines or dementia progresses.</p>
	<p><b>Response by registered provider detailing the actions taken:</b> The importance of the information collated in the "This is Me" record have been reinforced to all staff. Members and their family/carer will be encouraged to be involved in completion of this document to try to ensure the day centre staff obtain as comprehensive an overview as possible of each person's life history. Staff have been advised of the importance of updating the life history information of existing service users as it emerges. A service user profile will be completed for each member to improve communication and enhance quality of care.</p> <p>Staff will continue to be encouraged at daily report and staff meetings to read the 'All About Me' information on new members and share new information gained on the life history of existing members.</p>

<b>Recommendation 4</b> <b>Ref:</b> Standard 23.8 <b>Stated:</b> First time <b>To be completed by:</b> 28 April 2017	The registered provider should ensure that staff meetings are held at least quarterly.  <b>Response by registered provider detailing the actions taken:</b> Staff meetings will be convened monthly and chaired by the manager, dates for staff meeting have been arranged for 2017.
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