

# Unannounced Care Inspection Report 25 September 2018



## Carlisle Day Centre

**Type of Service: Day Care Service**  
**Address: 2 Carlisle Terrace, Belfast, BT15 2PR**  
**Tel No: 028 90 639 800**  
**Inspector: Suzanne Cunningham**

[www.rqia.org.uk](http://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 that has 30 places per day to provide care and day time activities for people living with dementia. The day care setting is open Monday to Friday. The service is delivered by the Belfast Health and Social Care Trust (BHSCT).

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast HSC Trust	<b>Registered Manager:</b> Shauna Breslin
<b>Responsible Individual(s):</b> Mr Martin Joseph Dillon	
<b>Person in charge at the time of inspection:</b> Paul Wilson (Day Care Worker)	<b>Date manager registered:</b> 13 April 2017
<b>Number of registered places:</b> 30	

### 4.0 Inspection summary

An unannounced inspection took place on 25 September 2018 from 09.30 to 14.30.

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

Evidence of good practice was found in relation to: staff training; the environment; care records; communication between service users; staff and relatives; culture and ethos of the day care setting; listening to and valuing service users; taking account of the views of service users; staff supervision and appraisal; quality improvement; and maintaining good working relationships.

Areas requiring improvement were identified in relation to day care workers competency to act up in the manager's absence, reporting incidents/accidents to RQIA, and the availability of the assessment and record of the review.

Service users were asked for their thoughts about the day centre and staff, they gave positive feedback regarding both, they said "staff are very good"; "staff couldn't do enough for you"; staff know what they're doing"; (staff) "ask us what we want and is everything alright".

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Paul Wilson, Day Care Worker (DCW) and Esther Brimage, monitoring officer, 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 17 October 2017**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 17 October 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:

- The registration details of the day centre.
- Information and correspondence received by RQIA since the last inspection.
- Incident notifications which highlighted that no incidents had been notified to RQIA since the last care inspection on 17 October 2017.
- Unannounced care inspection report and quality improvement plan from 17 October 2017.

During the inspection the inspector met with the monitoring officer, Day Care Worker (DCW) in charge, one agency staff member and two relatives. The inspector greeted and made introductions to all of the service users in the group setting. More detailed discussions were had with a group of four service users.

The following records were examined during the inspection:

- Three service users' care records.
- Two individual staffs personnel record.
- A sample of service users' daily records.
- The day centre's complaints/compliments record from April 2017 to September 2018.
- Staff roster information for August and September 2018.
- Fire safety precautions.
- A sample of minutes of service users' meetings for May and June 2018.
- A sample of minutes of staff meetings for February, May and July 2018.
- The day centre's record of incidents and accidents since October 2017.
- A sample of monthly quality monitoring reports for April, May and June 2018.
- The Statement of Purpose September dated 2017.

At the request of the inspector, the Day Care Worker was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

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

The inspector requested that the Day Care Worker place a 'Have we missed you' card in a prominent position in the day centre to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

The inspector thanks the Day Care Workers, service users, relative and care staff for their involvement in the inspection process.

Areas for improvement identified at the last care inspection were reviewed as part of this inspection. One area was recorded as partially met and two areas were recorded as met.

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 17 October 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 17 October 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 23.7 <b>Stated:</b> First time	The registered person shall ensure that a duty rota is in place to record staff working each day, the capacity in which they worked including identification of the person in charge in the absence of the registered manager. Ref: 6.4	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> The staff recorded who came in and out of the setting, including staff in the fire record which	

	was also their duty rota. The staff were advised to record on this who was in charge and any specific role or responsibility staff are allocated daily. The Day Care Worker confirmed this had been completed on 26 September 2018.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 5.2 <b>Stated:</b> First time	<p>The registered person shall ensure that care plans detail the specific needs, behaviours and preferences of service users and how staff are to respond, provide care and support; a care plan should be developed for the management of diabetes for service users diagnosed with the condition.</p> <p>Ref: 6.5</p> <p><b>Action taken as confirmed during the inspection:</b>  Three care plans were inspected and this found the matters above had been improved.</p>	<b>Met</b>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 17.9 <b>Stated:</b> First time	<p>The registered person shall ensure that audits are developed in regard to the environment and in regard to infection control.</p> <p>Ref: 6.7</p> <p><b>Action taken as confirmed during the inspection:</b>  The manager had implemented the audits and records were available and up to date at the time of inspection to evidence the audits had been completed.</p>	<b>Met</b>

### 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.**

Discussion with the monitoring officer, staff, service users and a visiting relative confirmed that they felt there were sufficiently competent and experienced persons working in the centre to meet the assessed needs of service users. There was no dedicated staffing roster for August and September 2018 however the record of staff working and visitors for the same time period provided evidence that the planned staffing levels were adhered to. On the day of the

inspection the manager had been absent from the day centre for over 28 days. A day care worker was rostered to act up as manager on a daily basis in the day care setting. An agency staff member was also working in the setting on the day of the inspection to cover a staff absence.

Records inspected did not show the number of staff working each day, the capacity in which they worked and who was in charge. The DCW was asked to improve the staff roster record/ fire record to ensure it clearly recorded what the staff was doing in the setting. Assurance was given this would be completed. On 26 September 2018 the day care worker in charge confirmed this was in place.

A competency and capability assessment for the DCW's who acted up in the managers absence was not available for inspection. Discussion with the staff confirmed that they were willing to assume responsibility as the person in charge of the setting in the manager's absence. They confirmed they were experienced and were knowledgeable regarding the day care setting regulations and standards. Nevertheless there should be a record in place that confirms this. An improvement is made in this regard.

Observation and discussion with permanent staff and the agency staff member on the day of inspection provided evidence that they were sufficiently experienced to meet the assessed needs of the service users present. Discussion with staff found they had a clear understanding of service users' needs and how those needs should be met. The agency staff member described they were given guidance regarding what needed to be done by the DCW's and she confirmed the duties she was asked to do were consistent with her role and responsibility.

An Induction record for the agency staff on duty was made available for inspection. The induction was a checklist design that focussed on orientating the staff to the building and service; this was not focussed on competency of the staff. Discussion with the staff verified the agency staff was fully supported and supervised during their shift therefore any competency concerns would be observed. Given the temporary nature of the agency staff on duty this arrangement was satisfactory.

The manager had a staff training plan in place which evidenced that staff had received mandatory training including additional training relevant to their roles and responsibilities. The review of a sample of staff training records confirmed this. Discussion with a staff member confirmed in their opinion they had received sufficient training to enable them to fulfil the duties and responsibilities of their role.

Review of governance records confirmed that an effective incident/accident reporting policy and system was in place. These records evidenced four accidents that occurred in the setting since the last inspection had been managed appropriately. One accident should have been reported to RQIA and a requirement is made for this to be completed retrospectively.

Discussion with the Day Care Worker confirmed that there were no restrictive practices used in this setting for service users. It was observed that the front door was managed due to service users being at risk of wandering or leaving the setting without support. Observation of the day care found staff were always with service users to ensure that service users were supported if they wished to leave the building.

The Day Care Worker advised that there had been no recent or current adult safeguarding referrals or investigations. Discussion with staff established that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining factual records.

An inspection of the environment was undertaken and confirmed that the centre was appropriately warm, fresh smelling and had suitable lighting. The main activity space and dining room which was used during the inspection had the right furniture and amount of space to ensure the activities and lunch were enjoyed by service users, and they could mobilise freely. On the day of inspection the inspector observed service users in an activity room watching films that were part of a reminiscence activity. The space was set out with furniture so all service users could watch the films comfortably. No obvious health and safety hazards were identified and fire exits were clear and free from obstruction.

Discussion with the Day Care Worker and observation of the environment confirmed that the furniture, aids and appliances available for service users' were fit for purpose for the needs of the service users. Infection prevention and control measures were in place, and staff training records confirmed that training had been undertaken with respect to infection prevention and control standards and Control of Substances Hazardous to Health (COSHH) regulations.

Records examined identified that a number of daily and weekly safety checks had been undertaken including fire lighting and alarm tests, fire extinguisher and fire escape checks. It was noted that the last full evacuation drill was undertaken on 3 September 2018 and this evacuation did not identify any improvements should be made.

The fire risk assessment was completed on 11 February 2017 and was not due for review until February 2019. There were no outstanding issues to be addressed.

Discussion with service users, a visiting relative and staff evidenced that they felt the care provided was safe. The following is a sample of comments made:

Service users' said they liked to come to the centre and enjoyed bingo, films, outings and had a choice of lunch. Comments made were: "it safe, staff couldn't do anything better"; "brilliant, I love it."

A relative said the day centre had been a lifesaver for them, their relative had been isolated at home and since they had been attending their communication had improved. The relative also commented the staff had been a great source of support and they gave advice when needed, comments made were: "I know xxxx is safe when they are here and I can do stuff for me"; xxx really enjoys it here, it's a great relief".

Staff said they get clear direction from the day care worker regarding their responsibilities and felt they could speak to staff if they had any concerns.

Seven service users and/or relatives returned questionnaires to RQIA. All responses indicated that they were very satisfied that the care provided to service users was safe.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff training and the environment.

**Areas for improvement**

Two areas for improvement were identified during the inspection in regards to Day care workers competency to act up in the manager’s absence and reporting incidents/accidents to RQIA.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	1

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

The inspector reviewed the day care setting’s arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided was outlined in the Statement of Purpose. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

Three service users’ individual files were inspected. They contained referral information; service user agreements, individualised care plans with activity plans; handling and falls risk assessments; nutritional risk assessments, continence and transport assessments and multi-disciplinary assessment information, such as Speech and Language Therapy (SALT) assessments, as applicable. Care plans clearly and concisely described service users’ needs. Service user assessments of needs in day care were not present on the files inspected. Staff advised the assessment was on the original file and was not kept on the current file. Staff should ensure the current assessment of needs 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. An improvement is made in this regard.

The service users and or families had completed a “my life” document which described the service users past and achievements. The information relating to their family history, special memories, interests and hobbies and likes/dislikes was used to plan how each individuals needs could be met. This presented as a sound person centered approach that helped develop activity plans for service users and reminiscence activities. It was positive to note that file audits of a number of care records had been undertaken.

There were systems in place to review service users’ placements within the setting to ensure it was appropriate to meet their health and social care needs. The documentation that evidenced frequency of review meetings and the discussion content did not detail who was present therefore, it was not clear if these were done in partnership with the service user, and/or their relative and BHSCT representative. The staff was asked to improve the review minute record to ensure who attended and contributed is clearly recorded. This improvement is detailed in the QIP for this inspection.

Discussion with one agency staff member and the Day Care Workers confirmed they were cognisant of the importance of knowing the content of individual service user’s assessments and care plans to inform and guide their practice. They also discussed the importance of ensuring that care recording was accurate and timely to ensure care and support provided was

safe and effective. Staff stated that they effectively communicate with each other and knew how to escalate concerns within the day care setting staff structure and BHSCT. Overall discussion with staff evidenced that they were knowledgeable regarding service users' individual needs.

Observations of staff practice on the day of inspection evidenced that they were confident and effective in their communication with service users and adapted their communication methods as necessary, with individual service users depending on their assessed needs and abilities. Staff were observed to be vigilant in responding to nonverbal cues as well as verbal communications. Overall the inspector observed interventions that were proactive and timely.

Discussion with service users, a visiting relative and staff evidenced that they felt the care provided was effective.

Relatives said: the staff were "excellent"; "provide reassurance" regarding their relative; are "clear communicators"; and they give relatives advice, support and time out to gather their thoughts.

Seven service users and/or relatives returned questionnaires to RQIA. All responses indicated that they were very satisfied that the care provided was effective.

### Areas of good practice

There were examples of good practice found during the inspection in relation to care records, communication between service users, staff and relatives.

### Areas for improvement

Two areas of improvement were identified in relation to the availability of the assessment and record of the review.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

#### 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.**

Observations during the inspection found staff interactions with service users presented as compassionate, caring and timely. Service users were observed being afforded choice, dignity and respect by staff during the reminiscence activity and during lunch time. Overall staff promoted service users choice and ensured service users had access to a friendly, caring and stimulating atmosphere which aimed to support and encourage service users to remain active and independent when possible.

On the day of inspection service users were greeted on arrival to the day centre with refreshments. Water and juice was also available to service users during the day. Observation of lunch on the day of inspection identified that the food provided appeared appetising, and service users had been offered choices of food and drinks. During the day the service users participated enthusiastically in the activities provided. The inspector observed service users

approaching staff freely, communicating their needs and making requests; staff responses were noted to be cheerful and appropriate.

The service users and relatives spoken with during the inspection gave positive feedback about the care and support staff provided in the day care setting. They said staff took time to communicate with them, “they are lovely”; “they treat everyone with respect and kindness”; they are “patient”. Service users said they come to the setting for the social contact, they enjoy the chat and commented “staff help us”. They said on the day of the inspection they enjoyed the films.

Discussion with staff revealed they had ensured service users were consulted and their views and opinions were sought on a daily basis. Staff described they did this by maintaining good communication with service users throughout the day and with their relatives. Consultation was evidenced in the service users individual records, service users meetings and annual consultation. Samples of minutes from service user meetings were reviewed for May and August 2018. The minutes reflected service users being consulted about activities, staffing arrangements, outings and meals with positive feedback provided. The inspector suggested that the minutes of the service user group meetings should be further developed to clearly reflect any action identified, who is responsible and within what timeframe. Actions from previous meetings should also be reviewed at each subsequent meeting. The Day Care Worker agreed to action this.

Results from the annual service user/relative quality assurance survey evidenced respondents feedback had been analysed and responded to.

Discussion with service users, visiting relative and staff evidenced that they felt the care provided was compassionate.

Seven service users and/or relatives returned questionnaires to RQIA. All responses indicated that they were very satisfied that the care provided was compassionate.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users.

### **Areas for improvement**

No areas for improvement were identified in this domain during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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 day care setting manager had been absent from the Day Centre for more than 28 days and the visiting monitoring officer was reminded this should be notified to RQIA without delay. The notification should also describe the arrangements in place to cover the absence. This absence was submitted by the trust post inspection.

The Statement of Purpose for the day care service was reviewed, the document was dated January 2018 and the content was found to be satisfactory. The document clearly described the nature and range of the service to be provided and addressed all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007.

The registration certificate was up to date and displayed appropriately.

Staff demonstrated awareness of their roles, responsibilities and accountability. Discussion with the staff confirmed that they had a good understanding of their role and responsibilities under the legislation and their responsibility to ensure care does not fall below the minimum standard.

A review of governance records evidenced that staff typically received individual, formal supervision at least quarterly and an annual appraisal. Staff confirmed that there were systems in place to ensure they received support and guidance from the manager and senior management, as needed. It was positive to observe on the day of the inspection staff receiving support from the visiting monitoring officer and locality manager. The support did not only focussed on achieving compliance but also focussed on how staff can improve the care and support they deliver.

Discussion with staff revealed they were a willing and motivated group who would do whatever they needed to do for standards to be achieved. Staff gave positive feedback in respect of leadership and good team working. Staff stated they have a can do attitude and they achieve good outcomes through effective communication, supervision, staff meetings and the open door approach provided by the manager and senior management team.

There was evidence that staff meetings were held at least once every three months and records were maintained. The records included the date of the meeting, names of those in attendance, updates from the previous meeting, a record of discussion and any agreed actions.

A complaints and compliments record was maintained in the day centre. There had been no complaints recorded since the previous inspection.

The inspector discussed the monitoring arrangements in compliance with regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Monthly and annual quality monitoring reports were completed by the service and were available for inspection. These records demonstrated that at appropriate intervals the effectiveness and quality of care delivery was monitored, audited and reviewed in order to identify and act upon any improvements required.

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff. Policies were stored on the trust intranet system and staff confirmed they knew how to access these and had the resources to do so.

The inspector found during the inspection there was arrangements in place that promoted service users equality of opportunity and recognised the diverse needs of service users. The staff had received training regarding the same and this was promoted in team meetings. Records showed service user involvement was in place.

Discussion with service users, visiting relatives and staff evidenced that they felt the care provided was well led.

### Areas of good practice

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

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Paul Wilson, Day Care Worker and Esther Brimage, monitoring officer, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 29 (1) (d)  <b>Stated:</b> First time  <b>To be completed by:</b> 20 November 2018	The registered person shall report the incident to RQIA that was reportable under this regulation retrospectively.  <b>Ref:</b> 6.4
	<b>Response by registered person detailing the actions taken:</b> The incident has been retrospectively reported to RQIA via the portal Arrangments are now in place to allow access to day care workers to enable them in managers absence to report future incidents.
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23.3  <b>Stated:</b> First time  <b>To be completed by:</b> 20 November 2018	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.  <b>Ref:</b> 6.4
	<b>Response by registered person detailing the actions taken:</b> The three day care workers have now had competency assessments completed and are willing , competent and capable of acting in the managers absence.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 7.4  <b>Stated:</b> First time  <b>To be completed by:</b> 20 November 2018	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.  <b>Ref:</b> 6.5
	<b>Response by registered person detailing the actions taken:</b> New files are now in place for all service users . Assessment documentation is stored with the current care plan so any changes on the service user's health or welfare can be identified quickly in terms of the assessment and care plan.

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 15.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 20 November 2018</p>	<p>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.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> Review documentation has been updated to ensure that details of attendees is recorded at all reviews. The importance of this has been communicated to all Day Care Workers.</p>



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