

# Unannounced Care Inspection Report 23 November 2017



## North Belfast Day Centre incorporating Whiterock Day Services

**Type of Service: Day Care Setting**  
**Address: 585-587 Crumlin Road, Belfast, BT14 7GB**  
**Tel No: 028 9063 8387**  
**Inspector: Alice McTavish**

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

Assurance, Challenge and Improvement in Health and Social Care

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

**1.0 What we look for**



**2.0 Profile of service**

This is a Day Care Setting with 75 places that provides care and day time activities for people living with mental ill health.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast HSC Trust	<b>Manager:</b> Suzanne Wilson
<b>Responsible Individual:</b> Mr Martin Joseph Dillon	
<b>Person in charge at the time of inspection:</b> Suzanne Wilson	<b>Date manager registered:</b> Suzanne Wilson - application received - "registration pending".
<b>Number of registered places:</b> 75 - DCS-MP	

### 4.0 Inspection summary

An unannounced inspection took place on 23 November 2017 from 10:00 to 16:40.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the day care setting 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, supervision and appraisal, adult safeguarding, risk management, care records, audits and reviews and communication between service users, staff and other key stakeholders.

Areas requiring improvement were identified. These related to induction records, cleanliness of the premises and to fire safety.

Service users said that they were treated well by staff and that attendance at the day centres helped them to build their self-confidence and aid their recovery.

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
<b>Total number of areas for improvement</b>	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Suzanne Wilson, 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 14 March 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 14 March 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:

- registration details of the day centre.
- incident notifications submitted to RQIA since the last care inspection
- unannounced care inspection report 14 March 2017 and the returned QIP

During the inspection the inspector met with:

- six service users
- two members of staff
- one student social worker
- one student nurse
- the manager

A total of ten questionnaires were provided to staff on duty to distribute between service users and relatives for completion and return to RQIA. The manager was provided with a poster to be displayed in the service advising of how staff could complete electronic questionnaires and submit these to RQIA. Ten questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Care records of three service users
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews
- Annual Quality Review report
- Minutes of recent service users' meetings
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement

- Programme of activities
- Policies and procedures manual

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to 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 14 March 2017**

The most recent inspection of the day care setting 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 14 March 2017**

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 28 <b>Stated:</b> Second time	The registered person must ensure monthly monitoring visits take place in North Belfast Day Centre and Whiterock Day Services. The designated person undertaking each monthly monitoring visit must: <ul style="list-style-type: none"> <li>a) Interview service users (with their consent and in private) in both the main centre and its satellite unit.</li> <li>b) The monthly monitoring report must state the numbers of service users and staff interviewed and reflect their qualitative views and opinions.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and inspection of documentation confirmed that monthly monitoring visits take place in North Belfast Day Centre and Whiterock Day Services; service users are interviewed and the report states the numbers of service users and staff interviewed and reflects their qualitative views and opinions.	

<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 8.4 and 8.5</p> <p><b>Stated:</b> Second time</p>	<p>The registered manager should ensure;</p> <p>a) An evaluation report is completed regarding (a) which identifies the methods used to obtain the views and opinions of service users which incorporate any qualitative comments made; if any issues were raised and any actions to be taken in response to these.</p> <p>b) A copy of this report is made available to service users and forwarded to RQIA. Records should be made of when this was shared with service users in both.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the manager and inspection of documentation confirmed that an evaluation report of the annual survey was completed with all areas addressed.</p>	<b>Met</b>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 27.3</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure that electrical appliances are checked by a qualified person and tagged before using within the centre.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the manager and inspection of equipment confirmed that electrical appliances were checked by a qualified person and tagged before using within the centre.</p>	<b>Met</b>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 25.1</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should discuss the general appearance of the main corridor carpet with a view to seeking replacement.</p> <p><b>Action taken as confirmed during the inspection:</b> The manager advised that the carpet in the main corridor had been deep cleaned and that it may be replaced in future.</p>	<b>Met</b>

<b>Area for improvement 4</b> <b>Ref:</b> Standard 3.1 <b>Stated:</b> First time	The registered provider should ensure the development of a service user agreement to include details as cited within standard 3.1 of The Day Care Settings Minimum Standards.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager advised that the service user agreement had been revised, in partnership with service users and staff, and was now incorporated into the welcome pack provided to all new users of the services.	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 18.15 <b>Stated:</b> First time	The registered provider should ensure that cross referencing of hard copies of policies and procedures with those held electronically is undertaken to ensure these match as several copies were noted to be dated 2007.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and staff confirmed that all hard copies of policies and procedures had been removed. All policies and procedures are available to staff on the trust intranet.	

### 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 manager, staff and service users and inspection of the staff duty rota evidenced that sufficiently qualified, competent and experienced persons were working in the centre to meet the assessed needs of the service users.

A review of the recruitment and selection policy and procedure during the last care inspection confirmed that it complied with current legislation and best practice. Discussion with the manager confirmed that staff were recruited in line with Regulation 19 (1)(a), Schedule 4 of The Day Care Setting Regulations (Northern Ireland) 2005 and that records were retained at the Belfast Health and Social Care Trust (BHSCT) personnel department.

In discussion with the manager it was established that no new staff had been recruited over the past number of years; staff personnel files were therefore not examined. The manager advised

that all pre-employment documents, including enhanced Access NI disclosures, would be viewed by the trust for all staff prior to the commencement of employment.

The manager advised that there were arrangements in place to monitor the registration status of staff with their professional body (where applicable).

In discussion with the social work and the nursing students they advised that they had been provided with a full induction by staff and that this was recorded. The induction records for students had been developed by the universities and reflected current professional standards. The manager advised that the trust template used for staff and student induction had not been used for some time and was outdated. The record of induction for new staff and/or students should be reviewed to ensure compliance with the day care settings minimum standards. The manager was provided with advice on how this could be achieved.

Competency and capability assessments had been completed for staff who acted in the absence of the manager. The manager advised that such assessments were to be reviewed annually. Staff said they felt they were well supported and could seek advice from the manager at any time.

Discussion with staff confirmed that mandatory training and other appropriate training relevant to their roles and responsibilities was regularly provided. Training records were reviewed during the inspection and staff training was found to be up to date. The manager advised that a new electronic training matrix was in the process of being completed.

The manager advised that no notifications were forwarded to RQIA as no accidents/incidents had occurred. Staff remained aware of safety issues and associated risks and how these should be managed.

The policy and procedure on restrictive practice/behaviours which challenge was reviewed during a previous care inspection confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS). The manager confirmed that no restrictive practices were undertaken within the centre and, on the day of the inspection, none were observed.

The adult safeguarding policy and procedure in place was reviewed during the last care inspection and was found to be consistent with the current regional guidance. It included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the centres. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The manager advised that no issues of adult safeguarding had arisen since the last care inspection; any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons/agencies and investigated in accordance with procedures and legislation. Written records would be retained.



General inspections of both North Belfast Day Centre and Whiterock Day Centre were undertaken. Each facility was found to be fresh-smelling, clean and appropriately heated. The internal and external environment of each centre was kept tidy, safe, suitable for and accessible to service users, staff and visitors. It was noted, however, that some hand sanitisers in the North Belfast Day Centre had not been filled and that some door handles had not been adequately cleaned. An area behind the stage had litter present. The premises at Whiterock Day Services were found to be clean and tidy. Action was required to ensure compliance with the standards in relation to the cleanliness of the day centre.

Inspection of fire safety records identified that a fire risk assessment was in place dated 2 and 16 March 2016 with a date of review of March 2018. The risk assessment was for The Everton Complex which houses the North Belfast Day Centre and a range of other trust community teams. Action was required to ensure compliance with the standards in relation to the completion of a fire risk assessment for each of the regulated premises on an annual basis.

Inspection of records established that fire alarm tests for the entire building were completed weekly. In addition, emergency exits, means of escape and fire doors were checked weekly. The last fire drill had been completed on 08 July 2017.

Ten completed questionnaires were returned to RQIA from service users. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Comments received from service users were as follows:

- “Staff are amazing, very professional and caring.”
- “I couldn’t be in safer hands and treated with the utmost care and respect. Our privacy and dignity is maintained at all times and we can talk to our staff at any time about absolutely anything. Couldn’t be looked after and more than we are.”
- “Staff are always very friendly.”
- “Staff are very helpful all the time.”
- “I think the staff are very good and when you feel down they talk to you.”
- “I enjoy taking part. Getting taken to Everton and back makes me feel safe. I like the staff.”

### Areas of good practice

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

### Areas for improvement

Three of areas for improvement were identified during the inspection. These related to a review of the record of induction of new staff and/or students, to the cleanliness of North Belfast Day Centre and to the completion of a fire risk assessment for each of the regulated premises on an annual basis.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	3

**6.5 Is care effective?**

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

Discussion with the manager established that staff in the day centres responded appropriately to and met the assessed needs of service users.

Care records are stored safely and securely in line with data protection. Inspection of the care records of three service users identified that these were maintained in line with the legislation; the assessments of need, risk assessments, care plans and records of health and well-being of the service users were up to date. Care plans and risk assessments were reviewed in a timely manner with the involvement of the multi-professional team as required to achieve the best outcome for service users.

There were systems in place to review the service user’s placement within the centre and ensure that it is appropriate to meet their health and social care needs. A regular audit of care records was also undertaken.

In discussion with staff it was identified that they were knowledgeable regarding their role and responsibility to safeguard service users in their care. They confirmed that if they had concerns they would report them to the manager or senior day care staff and record their concerns without delay. Staff described the communication methods that supported their work and professional development; these included daily meetings, staff meetings, supervision, training and informal discussions. The discussions confirmed that staff could confidently express their views and knowledge regarding safe and effective care and staff at all levels were being encouraged, supported and guided to do this by the manager.

Ten completed questionnaires were returned to RQIA from service users. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users, staff and other key stakeholders.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The manager advised that staff in the centres promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent

of service users. A range of policies and procedures was in place which supported the delivery of compassionate care.

Service users were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding the provision of health and social care needs and supports. Service users were provided with a handbook and information was also available in an easy read version.

Discussion with service users and staff and observation of interactions demonstrated that service users were treated with dignity and respect while promoting and maintaining their independence. Service users advised that they were welcomed and that they received an induction into the day centres. Service users also advised that they participated in monthly, formal service user meetings and in a service user forum facilitated by an independent peer advocate. This ensured that service user views and opinions were taken into account.

There was a robust system in place to promote effective communication between service users, staff and other key stakeholders. Service users were encouraged and supported to actively participate in the annual reviews of their care. An annual service users' quality assurance survey was also completed. The findings from the consultation were collated into a summary report which was made available for service users and other interested parties to read.

Service users were enabled and supported to engage and participate in meaningful activities, social events, work and education opportunities, hobbies and interests. Service users availed of educational and life skills activities such as cooking, computers and literacy and numeracy. There were also creative activities such as art projects, horticulture and picture framing and therapeutic activities designed to enhance self-esteem, confidence building and anxiety and stress management.

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

- “This is a very good place. The staff are brilliant and they make me feel valued and safe.”
- “This is the only place that I come out to – it is really important to me because it is the only place that I get the chance to talk to other people who have the same experiences as me and who understand me.”
- “The staff make sure that everyone is treated the same, that they are protected, for example, we meet in discussion groups and no-one is made to feel that they cannot contribute, or that they know nothing. Everyone is encouraged to share and to speak and the staff are very professional in supporting us.”
- “The staff really help us to increase our confidence. When I first came here I was very anxious. The staff were very welcoming and friendly. They gave me all the information I needed about what happens here. That helped me a lot. Now I feel more confident and I have made friends with other people who know what sort of problems I face, for they have been through it too.”
- “I have no complaints about the services here, but if I was unsure about anything or wanted to discuss an issue, I feel the staff would deal with it well.”
- “I am very happy to come here. The staff are good to me and treat me well.”

Ten completed questionnaires were returned to RQIA from service users. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

## 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 during the inspection.

	Regulations	Standards
<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 manager outlined the management arrangements and governance systems in place within the day care setting. These were found to be in line with good practice. The needs of service users were met in accordance with the statement of purpose for the day centres and the category of care for which the centres were registered with RQIA.

The manager, staff and students on placement in the day centres advised that there was a range of policies and procedures in place to guide and inform staff. Policies were centrally indexed, retained in a manner which is easily accessible by staff and were reviewed every three years or more frequently if changes occurred.

Staff had recorded individual, formal supervision and a recorded annual appraisal. The manager advised that staff supervision was provided monthly in order to ensure that staff were fully supported to meet the individual needs of service users. This represented good practice.

There were monthly staff meetings with minutes and attendance recorded. A review of the minutes of staff team meetings evidenced that agreed actions, responsibilities and time frames were noted. The minutes also evidenced that person centred practice was promoted.

Staff advised that they were provided with mandatory training and additional training opportunities relevant to any specific needs of service users, for example, continence.

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 were made aware of how to make a complaint by way of the Service Users Guide.

The manager advised that no complaints had been received since the last care inspection. There were systems in place to ensure that any complaints were recorded, responded to, investigated and outcome recorded regarding the satisfaction of complainant. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

There were systems in place for the routine audit of staff training, staff supervision and annual appraisal and care records. The manager advised that, should accidents/incidents and

complaints be more frequently made, audits would be used to identify trends and to enhance service provision.

A monthly monitoring visit was undertaken as required under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2005; the monitoring visits reflected the qualitative views and opinions of service users and staff. A report was produced and made available for service users, their representatives, staff, trust representatives and RQIA to read.

A review of the last annual report dated January 2017 confirmed that all matters set out in Regulation 17 (1), Schedule 3 of The Day Care Setting Regulations (Northern Ireland) 2005 were included.

Ten completed questionnaires were returned to RQIA from service users. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, 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 Suzanne Wilson, 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.

<b>Quality Improvement Plan</b>	
<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 21.1  <b>Stated:</b> First time  <b>To be completed by:</b> 28 February 2018	<p>The registered person shall ensure that the record of induction of new staff and/or students is reviewed. The induction record should incorporate the NISCC Induction Standards and should be signed by the both parties when induction is complete.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            Meetings have commenced to review and update staff and student inductions to incorporate NISCC Induction Standards. Student inductions will be completed by NISCC Registered staff and signed off along with the student. New staff inductions will be completed by the Registered Manager or their deputy. New staff inductions will be signed off by the Registered Manager/Deputy Manager and new staff member. All inductions will be filed and stored in line with Trust policies and procedures.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 25.1  <b>Stated:</b> First time  <b>To be completed by:</b> 28 February 2018	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> <li>• hand sanitisers are kept filled</li> <li>• door handles are adequately cleaned</li> <li>• the area behind the stage is kept free from litter</li> </ul> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            All hand sanitisers will be checked by domestic staff on a daily basis and refilled as necessary.            A deep clean of the services has now taken place. Discussions have also taken place with domestic staff who have been requested to clean all door handles daily or more often if deemed necessary. The area behind the stage has been cleared. The Registered Manager will ensure that this is kept clear at all times.</p>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 28.1  <b>Stated:</b> First time  <b>To be completed by:</b> 30 March 2018	<p>The registered person shall ensure that a fire risk assessment is completed on an annual basis for each of the regulated premises.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            The Registered Manager will ensure that fire risk assessments are completed annually for each of the regulated premises.</p>

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



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