



The Regulation and
Quality Improvement
Authority

Ballyowen Day Centre
RQIA ID: 11254
179 Andersonstown Road
Belfast
BT11 9EA

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**Unannounced Care Inspection
of
Ballyowen Day Centre**

27 January 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 28 January 2016 from 10.45 to 18.00. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. The standards inspected were met. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	2

The details of the QIP within this report were discussed with Margaret Dunlop as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Belfast Health and Social Care Trust Mr Martin Joseph Dillon	Registered Manager: Margaret Dunlop
Person in Charge of the Day Care Setting at the Time of Inspection: Elaine McGahan, Day care Worker until the arrival of Margaret Dunlop at 13.00	Date Manager Registered: 20 October 2010
Number of Service Users Accommodated on Day of Inspection: 34	Number of Registered Places: 45

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support.

Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care Setting.

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- The previous care inspection report and returned Quality Improvement Plan (QIP)
- Notifiable events submitted since the previous care inspection.

At the commencement of the inspection a poster was displayed informing services users and visitors that an RQIA inspection was taking place and inviting them to speak with the inspector to provide their views.

During the inspection we spoke to 22 service users individually or in small groups of three or four. We also met individually with two care staff, the registered manager and one service users' representative. Following the inspection, we contacted a social worker by telephone who had given this permission on the day of the inspection.

Service user and staff questionnaires were provided to the registered manager for distribution, completion and return to RQIA. No questionnaires were returned in time for inclusion in the report.

The following records were examined during the inspection:

- The Statement of Purpose
- The Service User Guide
- Two selected monthly monitoring reports
- A selection of minutes of service users' meetings
- Staff training matrix
- An audit of standard 5 in preparation for inspection
- Two randomly selected service user care records
- Accident and incident records
- Record of complaints and compliments
- File containing historical annual quality reports
- A sample of weekly activity planners
- Policies and procedures associated with the standards inspected
- One minute of a team meeting
- Minute of one focus group.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection dated 3 December 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

No requirements or recommendations were made at the last inspection.

5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support.

There was a continence promotion policy and procedure in place dated June 2015 which was accessible for staff. The continence promotion policy and procedure reflects good practice and provides practical guidance for staff to effectively promote service users continence in the setting. There were corporate Trust policies and procedures pertaining to assessment, care planning and review.

Staff had completed training in the area of continence management and promotion, COSHH, manual handling and infection control. Discussions with staff, service users, a community social worker and a representative confirmed to us that; staff know service users very well, that their choices and preferences are incorporated into how staff provide personal care and support. Service users confirmed to us that staff members are kind, caring, that they are treated with dignity and respect and that their privacy and independence is promoted.

The registered manager confirmed to us that from November 2013 NISAT assessments are completed with all new service users. Whilst an inspection of two service users care plans demonstrated that in the main, these had been amended when changes occurred and had been kept up to date; each care file contained a number of omissions.

The first care file contained a blank NISAT needs assessment; the care plan did not include information of identified behaviours which challenge which had been documented in the progress notes and in the last care review. The service user had not signed the last care review. Whilst the registered manager stated that the service user had 'refused' to have a needs assessment completed, this should be addressed in accordance with Standard 4, criterion 4.1.

Within the second care file, the care plan, individual agreement, consent to share information, the last care review and a transport risk assessment had not been signed by the service user. The following records had not been completed: a continence promotion support plan, the one page profile, a needs assessment and a warfarin risk assessment had not been included in the care plan. A requirement has been made in regard to the matters identified in these two care files.

Observations of the environment showed that it had been maintained, decorated, furnished and was fresh smelling. The manager reported to us that pictorial signage for the toilet facilities had been ordered and similar signage would be ordered for two activity rooms once service users had named the rooms. The centre was decorated with a range of art work completed by service users and photographs of service users participating in different activities.

Is Care Effective? (Quality of Management)

An inspection of the environment demonstrated that there are supplies of continence products available to meet a range of continence needs. The location and storage of PPE and continence products was appropriate and in keeping with infection control guidance. Observation and discussions with staff demonstrated that they have unrestricted access to continence products and ease of access to PPE.

Staff confirmed to us that if they identify any continence issues, they consult with the service user and if appropriate their family and/or their representative to ensure appropriate action is taken. Staff confirmed that service users need staff support to orientate them to the bathroom, others need one staff member for assistance and some require the assistance of two staff in the bathroom. Following discussions with staff, a community social worker and a service users' representative we confirmed that service users and/or their representatives' work together with staff when planning and reviewing care.

Staff were knowledgeable regarding the referral process to the continence service and of the importance of reporting and recording changes associated with continence promotion, such as a change in skin condition. Information is sought from the appropriate professional or family to ensure the care plans are up to date. A new template for recording service users' continence needs had been introduced.

Discussion with staff and an inspection of staff training records confirmed that training, including mandatory training is provided to support staff to undertake their roles and responsibilities. Staff confirmed to us that there was good communication between staff members and service users' representatives and regular team meetings are taking place.

Is Care Compassionate? (Quality of Care)

Staff were knowledgeable in the area of continence promotion and care. Staff demonstrated an understanding of the importance of meeting individual needs in a person centred manner and of the values required to deliver care and support. Where appropriate service users were encouraged to make their own decisions, be independent and were supported by staff when needed. Staff presented as knowledgeable, experienced and compassionate.

The community social worker stated to us that based on feedback received from individuals who attend the centre, he could confirm that staff carried out personal care tasks in a discreet and respectful manner.

Discussions took place with a total of 22 service users, mostly in small groups of three or four persons at a time but on a one to one basis. Service users said staff were discreet and respectful if they needed support or assistance with going to the toilet. During conversations, service users said staff encouraged them to be as independent as possible and preserved their dignity. Service users commented:

- “You couldn't get better staff. You don't need to worry about anything. We meet our friends.”
- “I've just started and have settled in very good.”
- “You get a choice on the menu.”
- “The staff are five star.”

The overall assessment of this standard showed the quality of care to be safe, effective and compassionate.

Areas for Improvement

One area for improvement was identified. This pertains to the need to address identified issues in two care files.

Number of Requirements	1	Number of Recommendations:	0
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5.4 Standard 8 - Service users' involvement: Service users' views and comments shape the quality of services and facilities provided by the Day Care setting.

Is Care Safe? (Quality of Life)

A range of trust corporate policies and procedures associated with this standard were in place and available to staff.

There was good evidence that the service promotes service user involvement and empowerment through a number of methods including service user meetings, daily discussions, care planning, care reviews, satisfaction questionnaires, involvement in forum meeting and quality initiatives, use of a suggestion box and monthly monitoring visits. The registered manager informed us that service users had produced a new service leaflet. A monthly monitoring report demonstrated that a service user had been showing a person who was interested in coming to the centre and their representative around and introducing them to others.

A complaints procedure and complaint records were in place. Discussion with staff demonstrated that four complaints made during the identified period had been managed appropriately. Comprehensive compliment records were also retained which detailed positive comments from service users regarding activities participated in.

An accompanied inspection of the environment demonstrated there were no health or safety hazards observed or infection prevention and control issues. An issue with one external door had been addressed and the registered manager confirmed that the door would be painted to complete the job.

Service users confirmed to us that they feel listened to and responded to by staff, who are knowledgeable about their individual likes, dislikes and preferences. One service user commented, 'they get to know what you like.' An inspection of two care files demonstrated that service users' likes, dislikes and preferences were recorded.

Is Care Effective? (Quality of Management)

Records inspected and discussions with staff, a community social worker and the majority of service users demonstrated that service users enjoyed fulfilling and rewarding activities through their attendance at the centre. Service users spoke of a range of activities they enjoy including the music activities, reminiscence, bus runs, trips out to local parks and playing bowls.

Comments received from all service users were very positive in regard to staff attitude, meals and transport. The majority of service users spoke of the activities they enjoy at the centre including arts and craft, music activities, exercises, bus runs and bingo. Comments included:

- “It’s a very nice place, the staff are fantastic, I do enjoy it, without it I’d be lost.”
- “I love music.”
- “The atmosphere alone is pleasant.”
- “It lifts your heart.”

However, a small number of service users stated that in their opinion there wasn’t sufficient activities and that they spend too much time sitting at the table. Comments included:

- “There is plenty of staff but there is nothing to do.”
- “I’ve been doing nothing this long.”
- “It’s the government with all the cutbacks. We haven’t been doing anything these past few weeks.”

We observed that more animated communication between service users was taking place at a table where service users were sitting in close proximity to each other. Service users who were sitting at one of the larger table arrangements were further away from others at the same table and therefore had fewer persons in close proximity to them to talk to. During the morning, we observed some service users sitting at these tables looking around the room with an expression resembling boredom. This behaviour was not observed in the afternoon while a music entertainer was performing.

Whilst we acknowledge that there are service users attending the centre who have a range of needs including sensory and memory difficulties, the day care setting should consider these in their planning of the daily programme. We observed that during the inspection all service users remained together in the large activity room. The functional arrangement of this room may benefit from a review. The community social worker spoke of observations of the smaller activity rooms being used, including for reminiscence activities and stated that the centre tries a range of different activities with service users.

There were no table top activities on any tables or available in the activity room for service users to choose from. In addition, some service users who were situated towards the front of the activity room at the larger tables expressed their annoyance with the volume of the music being played. We observed that some service users were having difficulty hearing one another.

When staff began to hand out bingo cards while we were consulting with service users in the morning, one service user stated to us that they never play bingo in the morning and that this was because we were there. Discussions with staff confirmed that bingo is always played in the afternoon but that it was played that morning because a music entertainer was coming that afternoon. We listened to the bingo activity, from another room, which took place from 11.45 to 12.05. Whilst two games were played, there was little enthusiasm present in the tone of voice of the staff member leading the activity.

Staff confirmed to us that some service users who travel independently begin arriving into the centre from shortly after 9.00am with most service users who avail of the centres transport arriving between 10.30am and 11.00am. Following further exploration with service users,

discussions with staff and observation of the services users in the large activity room we recommend that the matters raised by a minority number of service users are reviewed and responded to. This may include: review of the morning routine to ensure that service users are facilitated to engage in meaningful activities upon arrival, if they choose taking into consideration their needs and abilities; review the routine of directing all service users into the large activity room upon arrival; review the table arrangements in the large activity room; review the impact on service users of the music in the large activity room.

We inspected a selection of monthly monitoring reports. These demonstrated that all twelve visits had been completed during 2015. Service users and staff had been spoken to, it was noted that an identified action had not been included in the action plan for October 2015. A recommendation has been made.

A suggestion box is available in the centre. The two care records inspected reflected that annual reviews are held which service users, carers and representatives are invited to attend. One representative confirmed that there is good communication from staff and that he is invited to attend care reviews. A selection of minutes of service user meetings demonstrated that a range of topics were discussed.

The registered manager confirmed that questionnaires to ascertain service user views regarding the running of the centre had been undertaken during 2015. She confirmed that a report was currently being compiled and an annual quality review report would follow.

Is care Compassionate?

Staff interaction with service users was observed and listened to during the morning and over part of the lunch-time. Examples of supportive appropriate language and encouraging tones of voice were observed, as well as good examples of service users being treated with dignity and respect and of being offered choices. Staff were observed engaging with service users during the afternoon music activity and of praising those service users who were up dancing. However, it was brought to the managers' attention regarding the staff member's impassive tone of voice and lack of fun engagement with service users during the game of bingo.

Service users confirmed to us that they are treated well and with respect by the registered manager and staff. All service users, a service user representative and community social worker expressed positive views in regard to staff attitude and values which are evident in their practice. The community social worker stated: 'staff treat people in a friendly and respectful manner.'

We confirmed that the registered manager and staff team were committed to ensuring that safe, effective and compassionate care is always delivered.

Areas for Improvement

There were two areas of improvement identified. These pertained to the content of the monthly monitoring reports and the matters raised by some service users and observations in regard to activities.

Number of Requirements:	0	Number of Recommendations:	2
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Margaret Dunlop as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 19 (1) (a)</p> <p>Stated: First time</p> <p>To be Completed by: 31 March 2016</p>	<p>The registered manager must ensure the two files identified in section 5.3 of this report are reviewed, revised and updated to address the matters identified.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>The two service user files have been reviewed, revised and updated as indicated in the report. One care plan has been reviewed, revised and updated to include strategies employed to monitor and reduce behaviour which may be challenging to others and this is signed by family member. Service user chose not to sign last review, family member signed on person's behalf. This was evidenced at time of inspection in service user's file. The second care plan has been updated and signed as recommended.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 17.10</p> <p>Stated: First time</p> <p>To be Completed by: 1 March 2016</p>	<p>The responsible person should ensure that the identified action outlined in the October 2015 monthly monitoring report is included in the action plan and has been addressed.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>The monthly monitoring report for October will be amended by the manager who carried this out to reflect the remedial action by the Trust's Estates Department.</p>
<p>Recommendation 2</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p> <p>To be Completed by: 31 March 2016</p>	<p>The registered manager should ensure that the matters raised by some service users in regard to activities and observations detailed in section 5.4 of the report are responded to.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Due to the large number of issues raised in this recommendation the registered manager has prepared a detailed response to some of the comments raised by the inspector in the report and addressed these separately (please see attached).</p>

Registered Manager Completing QIP	Margaret Dunlop	Date Completed	14.3.16
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response		Date Approved	

Please ensure this document is completed in full and returned to day.care@rqia.org.uk from the authorised email address