

Announced Care Inspection Report 16 February 2021



New Way

Type of Service: Day care

**Address: Whiteabbey Hospital Site, Doagh Road, Newtownabbey, BT37
9RH**

Tel No: 028 9085 5833

Inspector: Corrie Visser

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

New Way is a day care setting with up to 30 places that provides care and day time activities to service users with a learning disability.

The centre is open for service users from Monday to Friday and is operated by the Northern Health and Social Care Trust (NHSCT).

3.0 Service details

Organisation/Registered Provider: Responsible Individual: Ms Jennifer Welsh	Registered Manager: Mrs Clare Rolston – registration pending
Person in charge at the time of inspection: Mrs Clare Rolston	Date manager registered: Mrs Clare Roslton – application received on 14 October2020

4.0 Inspection summary

An announced inspection took place on 16 February 2021 from 11.45 to 15.50 hours.

Due to the coronavirus (Covid-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services. Whilst RQIA was not aware that there was any specific risk to the service users a decision was made to undertake an on-site inspection adhering to social distancing guidance.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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 agency was delivering safe, effective and compassionate care and if the service was well led.

The agency's provision for the welfare, care and protection of service users was reviewed. We viewed the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 which is maintained by the agency in relation to the safeguarding of adults.

On the day of the inspection it was noted that one incident had taken place since the previous inspection on 23 May 2019. We examined the records and found that the agency had dealt with the incidents in accordance with its own policy and procedure.

The agency maintains and implements a policy relating to complaints. On the day of the inspection it was noted that the agency had not received any complaints since the last inspection.

Evidence of good practice was found in relation to recruitment and induction of staff, staff registrations with NISCC, training of staff, service user meetings, service users' care plans and regular multidisciplinary reviews of service users' needs.

Good practice was also found in relation to all current Covid-19 guidance and the use of personal protective equipment (PPE) guidelines, Covid-19 education and management including infection prevention and control (IPC) measures.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 23 May 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 May 2019.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this day care service. This included the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During our inspection we focused on speaking with the service users and staff to find out their views on the service. We also attempted to speak with HC professionals involved with the service.

We ensured that the appropriate staff checks were in place before staff work with service users.

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for day care providers in Northern Ireland.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included service user/relative questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA. One service user/relative questionnaire was received and no staff responses were received.

During the inspection we were unable to speak to service users due to communication difficulties however the service users appeared happy and content in the presence of the support workers. We spoke with two staff members during the inspection. Following the inspection we attempted to contact professionals however no responses were received. Feedback received indicated that the respondent was 'very satisfied' that the care being delivered is safe, effective, compassionate and well led.

No areas for improvement were identified during this inspection.

We would like to thank the manager, service users and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 4.3 Stated: First time	<p>The registered person shall ensure service user assessments are updated, as necessary, signed and dated by the service user, the member of staff responsible for its review and the registered manager. Where the service user is unable or chooses not to sign any document, this should be recorded and the basis of his or her agreement to participate noted.</p> <p>This should include evidence of regular review with the relevant multi-disciplinary team in regard to any specialists' assessments which direct the implementation of restrictive practices.</p>	Met
	<p>Action taken as confirmed during the inspection: We reviewed three service users' files during the inspection and it was noted that the service user agreements were signed by the service user and/or their next of kin. They also included any restrictive practices by way of one to one supervision with regards to the service users' human rights.</p>	
Area for improvement 2 Ref: Standard 5.2 Stated: First time	<p>The registered person shall ensure that person centred, holistic and comprehensive care plans are in place for all service users which appropriately reflect how their assessed needs, wishes and preferences should be managed by staff.</p>	Met
	<p>Action taken as confirmed during the inspection: We reviewed three service users' files during the inspection and the care plans were person centred, holistic and comprehensive. The care plans focused on specific areas including communication, diet, mobilisation, personal care, behavioural needs, money management, mental and emotional wellbeing, physical health concerns, controlling body temperature and safety. It was positive to note that there were tailor made passports for every service user which outlined what makes them happy, sad, what they like doing, what is important to them, important people in their lives and</p>	

	important information people needed to know about them. These passports were person centred and user friendly.	
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6.1 Inspection findings

Recruitment:

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's human resources (HR) department. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with relevant legislative requirements and their policy and procedures. It was discussed that once the pre-employment checks are completed, an email is sent from HR confirming this and a start date of employment can be issued. This ensures that the persons employed are suitable to be working with service users.

We reviewed the agency's matrix to monitor staff registration with NISCC and confirmed that all staff were currently registered with the relevant professional body. The manager reported that the registered is checked every three months to ensure staff are registered. The manager and staff confirmed that they were aware they are not permitted to work if their NISCC registration lapses.

Comments from service users included:

- "They are all very good."

Comments from care workers included:

- "We get loads of training."
- "It's a nice place to work."
- "I love working here."
- "The service users are very nice and pleasant."
- "We can joke and laugh with the service users."
- "Some service users would ring us at home to make sure we are ok, if we have a day off."
- "We are all very close."
- "The service users have all adjusted well during the pandemic."
- "The manager is always available."
- "There is an open door policy."
- "It's a nice environment."
- "We go over and above for our service users."

Discussion with staff evidenced that they were knowledgeable regarding service users' individual needs. Staff also demonstrated awareness of the need for person centred interventions which facilitate engagement with service users and promote effective communication and social engagement. Observations of staff practice on the day of inspection evidenced that they were confident and effective in their communication with the service users and adapted their communication methods as necessary. Staff were observed to be vigilant in responding to non-verbal cues as well as verbal communications. We observed interventions that were proactive and timely.

Covid-19

The environment was observed during the inspection and there was evidence of infection prevention and control measures in place such as PPE which was available for staff. Other infection prevention and control measures were in place, which included seven step hand hygiene notices positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins. Hand sanitisers and PPE stations were strategically located throughout the day care setting.

Observations of the environment concluded that it was fresh smelling and clean throughout.

Discussion with the manager and staff identified that they had a good understanding of the procedure to follow in the event of service users or staff being diagnosed with Covid-19. Staff training records confirmed that staff had received training in IPC in line with their roles and responsibilities. Observation of staff practice evidenced that staff adhered to IPC procedures.

Staff had also completed training in relation to Covid-19 and training on the donning (putting on) and doffing (taking off) of PPE. Signage was displayed throughout the day care setting in relation to donning and doffing guidance.

Staff described how they wore PPE for activities that brought them within two metres of service users. The staff members spoken with reported that there was an appropriate supply of PPE and sufficient bins available to allow the safe disposal of PPE.

Environmental changes and changes to the routines of the day care setting had been made, to ensure that social distancing could be maintained. Chairs in the activity room had been rearranged to ensure that the two metre distance could be maintained.

There was also a system in place to ensure that staff and service users had a daily wellness and temperature check recorded.

Enhanced cleaning schedules were in place, to minimise the risk of cross contamination. This included the frequently touched points throughout the building. We observed care staff cleaning hard surfaces and frequently touched points throughout the inspection.

A Covid-19 file was available and included information relating to:

- NHSCT – Implementation of PHE Guidance 1/4/2020
- PHA – Table 4
- Donning and Doffing procedure
- DoH – Novel Coronavirus: Advice for HSC in NI
- DoH – Face masks/face covering in all HSC facilities
- Advice for supporting staff psychological wellbeing during and beyond Covid-19
- Employee and Manager helplines – who should I contact
- Health check questionnaires for day services

We reviewed the current practices relating to the following areas of guidance and good practice pertaining to Covid-19.

- Dissemination of information to staff.
- Monitoring of staff practice.
- IPC policies and procedures have been updated to address all current guidance in relation to Covid-19.

- Staff training and guidance in relation to infection prevention and control and the use of PPE, in line with guidance.

We reviewed records relating to infection prevention and control policies which were in line with the guidance.

The procedures and guidance in place evidenced that:

- robust systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff
- there are effective systems in place to monitor staff compliance with good IPC practices
- all staff working in the service are able to demonstrate their knowledge of IPC practice commensurate to their role and function in the service

From feedback, it was positive to note that staff were working well together to support the best outcomes for service users, in a caring manner whilst being caring and compassionate to both service users and their relatives.

It was also noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life, as confirmed in discussions with staff. Staff are being vigilant in terms of monitoring people for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19.

Areas of good practice

Evidence of good practice was found in relation to recruitment and induction of staff, staff registrations with NISCC, training of staff, service user meetings, service users' care plans and regular multidisciplinary reviews of service users' needs.

Good practice was also found in relation to all current Covid-19 guidance and the use of PPE guidelines, Covid-19 education and management including IPC measures.

Areas for improvement

No areas for improvement were identified during this inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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