

Unannounced Care Inspection Report

11 December 2020



Inspire House

Type of Service: Day Care Setting

Address: Sperrin Building, 43 Queens Avenue, Magherafelt, BT45 6BY

Tel No: 028 7936 5060

Inspector: Angela Graham

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

Inspire House is a day care setting that is registered to provide care and day time activities for up to 20 people with learning disabilities. The day care setting is open Monday to Friday and is managed by the Northern Health and Social Care Trust (NHSCT).

3.0 Service details

Organisation/Registered Provider: Northern Health and Social Care Trust Responsible Individual: Ms Jennifer Welsh	Registered Manager: Mrs Amanda Matthew
Person in charge at the time of inspection: Senior Day Care Worker	Date manager registered: 29 October 2019

4.0 Inspection summary

An unannounced inspection took place on 11 December 2020 from 10.50 to 15.25.

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.

The last care inspection was undertaken on 10 October 2019. Since the date of the last care inspection, RQIA was notified of a small number of incidents which had occurred within the day care setting. Whilst RQIA was not aware that there was any specific risk to the service users within Inspire House a decision was made to undertake an on-site inspection adhering to social distancing guidance.

We checked that all staff were registered with the Northern Ireland Social Care Council (NISCC) and that there was a system in place for ongoing monitoring of staff registrations. Staff adherence to the Covid-19 Guidance was also reviewed through discussion with them. This was also verified through discussion with the senior day care worker. We also reviewed the list of all Covid-19 related information, disseminated to staff.

One area for improvement was identified during the inspection in relation to the monthly quality monitoring process.

Evidence of good practice was found in relation to recruitment practices and staff registrations with NISCC. Good practice was also found in relation to infection prevention and control (IPC), the use of personal protective equipment (PPE) and Covid-19 education.

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.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with the senior day care worker, 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 pre-registration inspection dated 10 October 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 10 October 2019.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA in relation to the day care setting. This included the previous inspection report and written and verbal communication received since the previous care inspection.

During the inspection, we met with the senior day care worker, one day care worker, one support worker and one service user.

To ensure that the appropriate staff checks were in place before commencement of employment, we reviewed the following:

- Recruitment records specifically relating to Access NI and NISCC registrations.

We also reviewed infection prevention and control (IPC) procedures to ensure that they were compliant with the Covid-19 guidance.

The senior day care worker advised that there had been no safeguarding incidents since the date of the last inspection. The senior day care worker confirmed that no complaints were received since the date of the last inspection. We also reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in line with Regulation 28.

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. No service users/relative questionnaires were returned to RQIA within the timeframe for inclusion in this report.

We would like to thank senior day care worker, service user and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

There were no areas for improvement made as a result of the last care inspection.

6.1 Inspection findings

Recruitment records

The senior day care worker confirmed that staff employment records were held within the NHSCT human resources department and that all staff appointments were made in compliance with relevant legislative requirements and trust policy and procedures. The senior day care worker advised that there were no newly recruited staff to the day care setting and that the staff team had all worked in the NHSCT for a number of years.

The NISCC matrix reviewed confirmed all staff are currently registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager. The senior day care worker confirmed that all staff are aware that they are not permitted to work if their NISCC registration has lapsed. Discussion with staff confirmed that they were registered with NISCC. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

Care records

We reviewed elements of three service users' care files. Review reflected there were assessments of needs, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant.

Care records also reflected the multi-professional input into the service users' health and social care needs. A record was kept of each service user's involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual.

The senior day care worker described how service users were encouraged and supported to be fully involved in their annual care reviews; records which were examined verified that service users had access to an initial and annual care review. The sample of review records viewed evidenced positive feedback regarding attendance at the day centre.

Complaints and compliments record

A complaints and compliments record was maintained in the day care setting. The senior day care worker confirmed that no complaints were received since the date of the last inspection. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

Monthly quality monitoring

We discussed the monitoring arrangements in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken by an independent monitoring officer. The monitoring officer reported on the conduct of the day care setting.

Review of Regulation 28 monthly quality monitoring visits identified that a report was not available, in the day care setting, for February, September, October and November 2020. The senior day care worker confirmed that these visits had been undertaken. An area for improvement has been made in this regard.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Adult safeguarding

The senior day care worker confirmed that the organisation's adult safeguarding practices are directed by the regional Adult Safeguarding Prevention to Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. An Adult Safeguarding Champion (ASC) was identified for the service. Discussion with the senior day care worker further confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to appropriate professionals. Discussion with staff established that they were aware of the roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records. The senior day care worker advised that no adult safeguarding referrals were made since the last care inspection.

Stakeholder's Views

Discussion with staff evidenced that they felt the care provided was safe, effective, compassionate and well led. The following is a sample of comments made:

- "I really enjoy working in the centre and I am very well supported in my role."
- "We have had IPC training and lots of information in regards to Covid-19 and PPE."
- "I am aware of adult safeguarding protocols and reporting processes."
- "We have put in place lots of additional cleaning particularly high touch points."
- "Service users are treated well and are offered choice at all times."
- "No issues with the supply of PPE."
- "Great teamwork and we are well supported by management."
- "PPE worn in line with Table 4."
- "I have done my IPC training and we have done competencies in donning and doffing PPE."

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 user and adapted their communication methods as necessary. Staff were observed to be vigilant in responding to nonverbal 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 were strategically located throughout the day care setting.

Wall mounted hand sanitisers checked were clean, sufficient product was available and these were well maintained and fit for purpose. Observations of the environment concluded that it was fresh smelling and clean throughout.

Discussion with the senior day care worker 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. IPC and hand hygiene audits were undertaken.

Environmental changes and changes to the routines of the day care setting had been made, to ensure that social distancing could be maintained. Meal times had been staggered and 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 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 reviewed a sample of these records and same were found to be satisfactory. We observed care staff cleaning hard surfaces and frequently touched points throughout the inspection.

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

- Covid-19 IPC guidance
- HSC Communicating with your clients during Covid-19
- PPE Table 4
- PHE NHS Covid-19 infection prevention and control guidance
- Gov.UK Covid-19 guidance for care staff supporting adults with learning disabilities and autistic adults
- A visual guide to safe PPE
- Donning and doffing PPE

It was positive to note that easy-read documents were available to the service users, which included:

- Why we wear PPE
- PHA Coronavirus Covid-19

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
- infection prevention and control 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 infection prevention and control practices
- all staff working in the service are able to demonstrate their knowledge of infection prevention and control 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

There were examples of good practice found throughout the inspection in relation to staff registrations with NISCC, communication between service users, staff and other key stakeholders, compliance with Covid-19 guidance, the use of personal protective equipment guidelines, Covid-19 education and management including IPC measures.

Areas for improvement

One area for improvement was identified in relation to the monthly quality monitoring process.

	Regulations	Standards
Total number of areas for improvement	1	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 the senior day care worker, 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 agency. 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

An area for improvement has been identified where action is required to ensure compliance with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Setting Regulations (Northern Ireland) 2007.

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.

Quality Improvement Plan

Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 28 (2) (3) (4) (5)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person must ensure that the monthly monitoring visits are in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: Monitoring visits had been completed by Locality Manager as per Day Care Regulations. Verbal feedback was shared with staff and Facility Manager, however paperwork was delayed due to pressures on service as a direct result of the covid pandemic. Locality Manager will ensure, moving forward, that written Monitoring Reports will be forwarded to the facility in a timely manner.</p>
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