

Announced Care Inspection Report 14 September 2020



Seymour Hill Horticultural Unit

Type of Service: Day care

Address: Yew Tree Walk, Dunmurry, Lisburn, BT17 9PH

Tel No: 028 90 612114

Inspector: Jim McBride

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

Seymour Hill Horticultural Unit is a day care facility within the South Eastern Health and Social Care Trust (SEHSCT) under the Learning Disability Programme which provides support for daily living to people with learning disabilities enabling them to live full and valued lives as independently as possible.

3.0 Service details

Organisation/Registered Provider: South Eastern Health and Social Care Trust (SEHSCT)	Registered Manager: Raphael Kearns
Responsible Individual: Seamus Mc Goran	
Person in charge at the time of inspection: Day Care Worker	Date manager registered: 29 October 2019

4.0 Inspection summary

An announced inspection took place on the 14 September 2020 from 09.40 to 11.30.

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. This is the services first post registration inspection.

To reduce any risk this inspection was carried out using an on-site inspection approach with socially distanced guidance in place during this announced inspection.

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.

Evidence of good practice was found in relation to Access NI and staff registrations with the Northern Ireland Social Care Council (NISCC). 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 infection prevention and control measures. Individual quality measures in place are completed by staff daily.

It was positive to note that staff had supported both service users and relatives throughout Covid-19 as the centre provided regular contact with service users.

One area for improvement was stated during the inspection relating to the monthly quality monitoring reports completed on behalf of the registered provider.

The findings of this report will provide the centre 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	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with the person in charge as part of the inspection process. The timescales for completion commence from the date of inspection.

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, any notifiable events and written and verbal communication received since the previous care inspection.

During the inspection we focused on speaking with the service users and staff to find out their views on the service.

We ensured that the appropriate staff checks were in place before staff work with service users and reviewed the following areas:

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for Day care. Provided by RQIA for centres planning to reopen

RQIA provided the following information to service users, staff and other stakeholders that will support feedback on the quality of service delivery.

“Tell us” cards were provided for service users and those who visit them to avail of the opportunity to contact us after the inspection with their views. No responses were received prior to the issuing of the report.

A poster was provided for staff detailing how they could complete an electronic questionnaire to RQIA. No responses were received prior to the issuing of the report.

Ten questionnaires were also provided for distribution to the service users and their representatives. No responses were received prior to the issuing of the report.

RQIA information leaflets ‘How can I raise a concern about an independent health and social care service’ were also provided to be displayed appropriately.

During the inspection we met with three service users and two staff members who gave a comprehensive overview of the service.

No responses were received from the above; however we did speak with service users and staff during the inspection and received positive feedback included below:

Service user comments during inspection:

- “I enjoy it here.”
- “My job is good.”
- “Staff are helpful and kind.”
- “I’m always asked what I want to do.”

- “I missed my activities when I was off.”
- “The staff spoke with me when we were closed.”
- ***** is one of the best and is always helpful to me.”

Staff comments during inspection:

- “I feel safe and secure for both us and the service users.”
- “We have good communication with relatives.”
- “Supportive supervision with managers”
- “Covid-19 training was good we adapted some of the learning to the centre procedures.”
- “A good choice of activities daily.”
- “More one to one working with service users, with the new limited numbers.”

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

6.0 The inspection

There were no areas for improvement from the last care inspection 23 September 2019.

6.1 Inspection findings

Staff recruitment:

The services staff recruitment processes were noted to be managed in conjunction with the organisation’s Human Resources (HR) Department, located at the organisation’s head office. Discussion with the person in charge identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11 relating to Access NI and NISCC. We reviewed documentation in staff files in relation to pre-employment checks which provided assurances that Access NI checks were completed before commencement of employment.

A review of four staff records confirmed that all staff are currently registered with NISCC. We noted that the manager had a system in place each month for monitoring registration status of staff with NISCC and confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

Service quality:

A number of quality monitoring reports were available for review; however an area for improvement was discussed with the person in charge to ensure that all stakeholders’ views are collated during all future quality monitoring visits.

Care planning and review:

We reviewed six care plans in place for individual service users. These fully described the care and support required for individuals and included:

- Referral information
- Care plan
- Individual action plans
- Risk assessments
- Reviews.

We noted some of the positive comments made by service users and relatives during their 2019 annual review:

- “***** is very happy here.”
- “I enjoy my work.”
- “***** likes coming to the centre and enjoys the activity.”
- “All is working really well.”
- “I love all my activities.”

Areas of good practice

Areas of good practice were identified in relation to the completion of checks with Access NI in conjunction with HR Department and staff registrations with NISCC.

Areas for improvement

One area for improvement was identified during the inspection.

The monitoring individual is to ensure that all stakeholders' views are collated during future quality monitoring visits.

	Regulations	Standards
Total number of areas for improvement	0	1

Covid-19

We spoke with the staff who were aware and knowledgeable in relation to their responsibility related to Covid-19. Staff stated they were aware of the guidance in relation to use of Personal Protective equipment (PPE) for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

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

- Dissemination of information to staff
- Monitor staff practice
- IPC policies and procedures
- Infection prevention and control policies and procedures have been updated to address all current guidance in relation to Covid-19.
- Temperature monitored twice daily In line with guidance
- Used PPE storage and disposal
- Staff training and guidance on, Infection prevention and control and the use of PPE equipment, in line with guidance.

We reviewed records relating to Infection prevention and control policies which were in-line with the Covid -19 guidance. Policies and guidance were available to all staff in hard copy within the centres office and staff confirmed they were familiar with the procedures.

We reviewed templates that indicated that service users and staff have their temperatures monitored in accordance with the guidance. Monitoring records also involved asking about and looking out for the following symptoms, fever of 37.8C or above, cough, loss of or change in sense of smell or taste.

Hand sanitisers have been placed in different areas throughout the centre for service users, staff and visitors to use to ensure good hand hygiene.

There was evidence that clear guidance with regards to IPC, donning (putting on) and doffing (taking off) of PPE. There was evidence that staff had completed training with regards to IPC. Training records reviewed verified this. Staff spoken with confirmed their training and were knowledgeable in this area.

The staff on duty demonstrated that they had a good understanding of the donning and doffing procedures and were observed to be using PPE appropriately. The staff discussed the procedures that both they and senior staff spot check the use of PPE by staff during the day. Spot checks on staff practice are undertaken to ensure they are fully compliant with current guidance.

The procedures and guidance in place show 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.

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. This was supported by discussions with service users.

It was 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. Staff are 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 within the centre.

Areas of good practice

- Dissemination of information to staff
- Monitor staff practice
- IPC policies and procedures
- Infection prevention and control policies and procedures have been updated to address all current guidance in relation to Covid-19.
- Staff training and guidance.
- Reopening preparation and guidance.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 the person in charge, 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

Areas for improvement have been identified where action is required to ensure compliance with 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.

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.

Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards, 2011	
Area for improvement 1 Ref: Standard 17.10 Stated: first time To be completed by: Immediate and ongoing	The registered provider shall complete a monitoring report on a monthly basis. This report should summarise any views of service users and/or their representative's about the quality of the service provided, and any actions taken to ensure that the organisation is being managed in accordance with minimum standards. Ref 6.1
	Response by registered person detailing the actions taken: The manager has discussed the monitoring reports with senior managers and monitoring officers and highlighted need for further detail to be provided on views of the service users and/or their representative about the quality of the service. Future monitoring reports will be reviewed regularly by receiving senior manager.



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)