

Inspection Report

8 November 2021



Elderly Learning Disability Service

Type of service: Day Care Setting.

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: South Eastern HSC Trust	Registered Manager: Mrs Patricia McManus
Responsible Individual: Mr Seamus McGoran	Date registered: 29 October 2019
Person in charge at the time of inspection: Manager	
Brief description of the accommodation/how the service operates: Elderly Learning Disability Service (ELDS) is a statutory day care service within the South Eastern HSC Trust under the Learning Disability Programme, which provides day care support for adults with learning disabilities.	

2.0 Inspection summary

An unannounced inspection was undertaken on 8 November 2021 between 09.10 a.m. and 12.00 a.m. by the care inspector. This inspection focused on staff registrations with the Northern Ireland Social Care Council (NISCC), Adult Safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring, Covid-19 practice and guidance.

Good practice was identified in relation to appropriate checks being undertaken before staff were supplied to the setting. Good practice was also found in relation to the system in place for disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

The environment was observed during the inspection and there was evidence of infection Prevention and Control (IPC) measures in place such as PPE which was available for everyone.

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.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

The inspection focused on:

- discussions with service users or their representatives and staff to find out their views on the service.
- reviewing a range of relevant documents and policies and procedures relating to the day care setting's governance and management arrangements.

4.0 What people told us about the service

We spoke with two staff. We also had the opportunity to communicate with three service users. We provided a number of questionnaires to service users and / or their relatives to facilitate them to provide comments on the quality of service provision. Staff were also provided with an electronic survey. We observed a variety of activities and good communication between staff and service users. Service users present were observed to be involved in a range of activities including one to one work with staff.

The returned questionnaires showed good satisfaction levels.

No staff comments were received from the electronic survey prior to the issue of this report.

Comments received during the inspection process:

Service user comments:

- "It's good to be back."
- "Staff are good and very helpful."
- "I enjoy my activities."
- "Staff listen to me."
- "I feel safe and secure here."

Staff comments:

- "Good staff communication."
- "All my training is completed."
- "Supervision is one to one and effective."
- "We provide person centred activities."
- "Good effective management."
- "Good to see more social outreach."

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to the setting was undertaken on 5 October 2020 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The day care setting's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns.

It was noted that staff were required to complete adult safeguarding training during their induction programme and annual updates thereafter. All training records reviewed were in place and satisfactory.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The setting had a system for recording referrals made to the HSC Trust's adult safeguarding team in relation to adult safeguarding. Records reviewed and discussions with the manager indicated that no adult safeguarding referrals had been made since the last inspection.

The day care setting had provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that no incidents had been reported to RQIA since the last inspection.

All staff had completed DoLS training appropriate to their job roles; records reviewed verified training. Discussion with staff clarified their knowledge of the subject.

Staff demonstrated that they had an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and Infection Prevention and Control (IPC) practices. Staff were observed adhering to guidance and were knowledgeable during discussions.

5.2.2 Question with regards care- Dysphagia

The manager confirmed that the setting had received specific recommendations from the Speech and Language Therapist (SALT) in relation to service users' dysphagia needs. Records reviewed were comprehensive and stored in each individual care and support plan. Training records reviewed evidenced that all staff had completed dysphagia training.

5.2.3 Are their robust systems in place for staff recruitment?

The review of the day care setting's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards; required pre-employment checks were completed before staff members commenced employment and direct engagement with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided were appropriately registered with NISCC. Information regarding registration details and renewal dates was monitored by the manager; this system was reviewed and found to be in compliance with regulations and standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with relatives, staff, and HSC Trust staff. The reports included details of the review of service user care records, accident/incidents, safeguarding matters, complaints, staff training and staffing arrangements.

We noted some of the comments made by service users, relatives, HSC Trust and staff during the monthly quality monitoring:

Service users:

- "Good to be back in day care."
- "I like coming here."
- "I am very happy."
- "Staff are good."

Staff:

- "All my supervision is up to date."
- "Staff work well together."
- "The quality of care provided is person centred."
- "Staff are very supportive."

Relatives:

- “We are happy that the service has reopened.”
- “I’m happy with the quality of care **** receives.”
- “I look forward to reading about ***** activities.”
- “Staff are always polite and courteous.”

HSC Trust Staff:

- “No issues or concerns.”
- “Staff are very enthusiastic.”
- “Staff provide safe compassionate care.”
- “Staff work as a great team.”

It was positive to note that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that matters had been actioned.

There was a process for recording complaints in accordance with the day care setting’s policy and procedures. It was noted that no complaints had been received since the last inspection.

Staff described their role in relation to reporting poor practice and their understanding of the setting’s policy and procedure on whistleblowing.

It was established during discussions with the manager that the setting had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).

The annual provider report as required by Regulation 17 was available for review. The report was comprehensive and gave a positive overview of the day care setting.

It was positive to note that a number of annual care reviews had been completed and the day care setting must be commended for their actions. We noted some of the comments from a relative during the reviews:

- “I’m happy as can be at present.”
- “I would like to do more crafts and knitting.”
- “I like my placement.”
- “I’m happy and content with my life at present.”

6.0 Conclusion

Based on the inspection findings and discussions held, RQIA is satisfied that this service is providing safe and effective care in a caring and compassionate manner and that the service is well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

No areas for improvement were identified.

	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.



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