

# Inspection Report

13 October 2022



## Elderly Learning Disability Services

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

<b>Organisation/Registered Provider:</b> South Eastern HSC Trust	<b>Registered Manager:</b> Mrs Patricia McManus
<b>Responsible Individual:</b> Ms Roisin Coulter	<b>Date registered:</b> 29 October 2019
<b>Person in charge at the time of inspection:</b> Deputy Manager	
<b>Brief description of the accommodation/how the service operates:</b> 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 13 October 2022 between 9.00 a.m. and 12.00 p.m. The inspection was conducted by a care inspector. The inspection examined the day care setting's governance and management arrangements, reviewing areas such as staff recruitment, service user involvement, professional registrations, staff induction and training and adult safeguarding.

It was positive to note that service users benefited from a well led service. There was a clear leadership and management structure in place which helped to ensure staff were knowledgeable about their role and responsibilities. The service was well organised and had a range of systems in place to ensure its operation and to support good communication.

Good practice was identified in relation to service user involvement. Staff we spoke with demonstrated strong caring values and a desire to provide service users with highly, personalised care. Staff were familiar with the choices and preferences of individual service users and strove to deliver on these in line with the active care and support plans.

## 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.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

Having reviewed the "We Matter" Adult Learning Disability Model for N.I. (2020), the Vision states, we want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community. RQIA reviewed the support individuals were offered to make choices and decisions in their life that focused on enabling them to develop and to live a safe, active and valued life. RQIA also considered how service users were respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enables them to develop, and live safe, active and valued lives.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services; this included easy read questionnaires and an electronic staff survey.

#### **4.0 What did people tell us about the service?**

During the inspection we observed service users enjoying their activities with staff members. We also spoke with a number of service users and staff. The information provided by staff indicated that there were no concerns in relation to the day care setting.

##### **Service user comments:**

- "Good staff."
- "I enjoy the centre."
- "Good activities."
- "The staff are good to me."
- "No complaints."
- "Lots to do here."

##### **Staff comments:**

- "A good comprehensive induction that prepares you for the role."
- "The staff are very supportive to each other."
- "All my training is up to date or is being arranged."
- "I'm aware of Northern Ireland Social Care Council (NISCC) values and standards."
- "We encourage a wide range of activities."
- "We promote social outreach."
- "I have regular one to one supervision."

One returned questionnaire evidenced that the service user was very satisfied with the service. Comments:

- “I like coming to the centre.”

No staff questionnaires were returned prior to the issue of this report.

## **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 care inspection of the day care setting was undertaken on 8 November 2021 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's) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff if they needed to report any concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

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

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with us had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns. Staff could also describe their role in relation to reporting poor practice and their understanding of the day care setting's policy and procedure with regard to whistleblowing.

The manager retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that one concerns had been identified since the last inspection. This was closed off recently with a positive outcome.

The manager had ensured that service users were provided with information about keeping themselves safe and the details of the process for reporting any concerns.

Staff were provided with training appropriate to the requirements of their roles. Where service users required the use of specialised equipment to assist them with moving and handling, this was included within the day care setting's mandatory training programme. A review of records confirmed that where the day care setting was unable to provide training in the use of specialised equipment, this had been identified by the staff before care delivery commenced and training had been requested from the HSC Trust. No specialised was currently in use.

It was positive to note that a number of care reviews were undertaken in keeping with the day care setting's policies and procedures. The outcomes for people using the service reflected the principles and values of promoting choice and control, independence and community inclusion.

The Mental Capacity Act (MCA) 2016 provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed.

When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

It was positive to note that service users were supported to exercise choice and control in regard to decision making and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the setting supported this practice. Service users had the support of a team of staff who were suitably skilled and experienced to meet their assessed needs.

Staff had completed Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that no current service users were subject to DoLS arrangements.

Records examined identified that a number of safety checks and audits had been undertaken including fire alarm tests. It was noted that the last full fire evacuation drill was undertaken on the 26 May 2022. Reviewed Fire risk assessments for the centre are to be completed 6 September 2022 and will be reviewed during the next inspection. Staff fire training was completed on the 15 November 2021. During the inspection fire exits were observed to be clear of clutter and obstructions.

### **5.2.2 What are the arrangements for promoting service user involvement?**

From reviewing service users' care records and in discussion with staff, it was good to note that service users and families had an input into devising individual activities. The service users' care plans contained details about their likes and dislikes and the level of support they may require.

Care records were written in a respectful way, supporting people to express their views and be involved in making decisions about their care, respecting and promoting people's privacy, dignity and independence. The quality of service provision had also been regularly reviewed through a range of internal and external audits.

It was also positive to note that the day care setting had service user meetings which supported the service users to discuss what they wanted to achieve from attending the setting and any activities they would like to become involved in. We suggested a review of the format that may encourage more feedback.

The purpose of the LD NI Model is to outline what individuals with learning disabilities expect of services, how services will achieve this and how they will be measured to ensure high quality, cost effective care. Learning Disability Services have a duty to each and every individual that they serve and must respect and protect their human rights.

At the same time, Learning Disability Services also have a wide social duty to promote equality through the care it provides and in the way it provides care. This includes addressing the needs of those groups or sections of society who may be experiencing inequalities in health and wellbeing outcomes.

From reviewing service users' care records and in discussions with staff, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans were kept under regular review and service users and /or their relatives participated, where appropriate, in the review of the care provided on an annual basis, or when changes occurred.

It is important that individuals with learning disabilities are supported to maintain their relationships with family, friends and partners during the Covid-19 pandemic. Service users were provided with an information leaflet/easy read document to explain Covid-19 and how they could keep themselves safe and protected from the virus. Where individuals with learning disabilities continued to experience anxiety about the pandemic, the agency was aware of the resources available from NI Direct, HSC websites and local organisations to support service users.

### **5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be modified.

A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents. Swallowing awareness training was also completed by staff during First-Aid training. Staff had implemented the specific recommendations of SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' dietary wishes, preferences and assessed Needs; these assessed needs were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified for service users with up to date and relevant documentation also available within the food preparation area.

### **5.2.4 What systems are in place for staff recruitment and are they robust?**

A review of the day care setting's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (Access NI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered with the NISCC, The Nursing and Midwifery Council (NMC) or any other relevant regulatory body.

There was a system in place for professional registrations to be monitored by the manager. The monitoring arrangements in place were satisfactory. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

### **5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?**

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the day care setting's policies and procedures.

The induction programme also included shadowing of a more experienced staff member. Written records were retained by the manager of the person's capability and competency in relation to their job role. A review of the governance records identified that staff had been recruited, inducted and trained in line with the regulations.

The manager had maintained a record for each member of staff in respect of their training, including induction and professional development activities.

The training records included the names and signatures of those attending the training event, the date(s) of the training and the content of the training programme. Staff were supported by a system of induction, training and supervision to ensure they were effective in their role.

### **5.2.6 What are the arrangements to ensure robust managerial oversight and governance?**

There were monthly quality monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's quality monitoring established that there was engagement with service users, relatives, staff and HSC Trust representatives. The reports included details of a review of service users' care records; accident/incidents; safeguarding matters; staff recruitment, training and staffing arrangements.

#### **Comments included:**

##### **Service users:**

- "I enjoy doing the crafts."
- "Staff are good."
- "I enjoy story time and relaxation."

##### **Staff:**

- "I enjoy working here."
- "I'm happy how the service is running."
- "No concerns or issues."

##### **Relatives:**

- "I cannot find fault and my relative loves going."
- "My relative is always happy."
- "My relative is very much treated as an individual."

**HSC Staff:**

- “Service users enjoy the activities.”
- “I enjoy working with the service users.”
- “Any issues are actioned immediately.”

The day care setting had completed a comprehensive annual review in relation to their practice which incorporated service user and their representatives’ feedback (Regulation 17). No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

There was a system in place to ensure that complaints were managed in accordance with the agency’s policy and procedures. No complaints had been received since the last inspection.

**6.0 Quality Improvement Plan/Areas for Improvement**

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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