

Inspection Report

03 July 2024



Quoileview

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 Belinda Cockcroft - Acting
Responsible Individual: Ms Roisin Coulter	
Person in charge at the time of inspection: Mrs Belinda Cockcroft	
Brief description of the accommodation/how the service operates: Quoileview is a day care setting within the South Eastern Health and Social Care Trust (SEHSCT) under the Learning Disability Programme which provides support for daily living for people with learning disabilities to enable them to live full and valued lives as independently as possible.	

2.0 Inspection summary

An unannounced inspection was undertaken on 3 July 2024 between 9.00 a.m. and 3.30 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management was also reviewed.

Areas for improvement identified related to DoLS, to the accuracy of documentation and to care planning. The areas for improvement in relation to DoLS and accuracy of documentation will be stated for a second time.

Good practice was identified in relation to service user involvement.

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.

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 survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users.

The information provided indicated that there were no concerns in relation to the day care setting.

Comments received included:

Service users' comments:

- "I love coming here."
- "I feel safe."
- "The staff are great."

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included:

- "I like it so much."
- "I like making new friends."
- "All staff is very good and loving and caring towards their clients."
- "All staff including bus drivers and escorts are all very good, kind, loving and well mannered. Very helpful getting clients on and off buses, they are all very chatty always smiling. They all do a very good job that is what you need to make your day special and happy to go to day care."

A number of staff responded to the electronic survey. The respondents indicated that they were very satisfied that care provided was safe, effective and compassionate and that the service was well led. One written comment stated:

- "The Band 5's are very supportive of staff and have a great rapport with service users".

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 18 September 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was reviewed by the care inspector during this inspection.

Areas for improvement from the last inspection on 18 September 2023		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 20(c)(i) Stated: First time To be completed by: Immediately from the date of inspection	The registered person shall ensure that the persons employed to work in the day care setting receive mandatory training and other training appropriate to the work they are to perform; Ref: 5.2.1	Met
	Action taken as confirmed during the inspection: The records of staff training were reviewed and found to be satisfactory.	
Area for improvement 2 Ref: Regulation 13(7) Stated: First time To be completed by: Immediately from the date of inspection	The registered person shall make suitable arrangements to minimise the risk of infection and the spread of infection in the day care setting. Ref: 5.2.1	Met
	Action taken as confirmed during the inspection: Inspection of the premises confirmed that fabric seating has been replaced with a suitable alternative which can be adequately cleaned, thus minimising risk of infection.	
Area for improvement 3 Ref: Regulation 19(1)(a) Schedule 4 Stated: First time	The registered person shall maintain in respect of each service user a record which includes the information, a record of any limitations, liberty of movement and power to make decisions. Ref: 5.2.1	Not met

To be completed by: Immediately from the date of inspection	Action taken as confirmed during the inspection: A review of documentation identified that a register for DoLS was not available in the service. Action taken in relation to DoLS documentation was found to be inadequate.	
Action required to ensure compliance with the Day Care Settings Minimum Standards\z (revised), 2021		Validation of compliance
Area for improvement 1 Ref: Standard 28.6 Stated: First time	The registered person shall ensure all staff attend a fire evacuation drill at least once a year. Ref: 5.2.1	Met
To be completed by: Immediately from the date of inspection	Action taken as confirmed during the inspection: Review of fire evacuation records confirmed that all staff have attended a fire drill.	
Area for improvement 2 Ref: Standard 19.3 Stated: First time	The registered person shall ensure the information held on record is accurate, this refers specifically to corporate documents that do not contain the correct details of the Day Centre, such as consent, lifestar documents and service user agreement documents. Ref: 5.2.1	Not met
To be completed by: Immediately from the date of inspection	Action taken as confirmed during the inspection: A review of documents identified that these are not consistently specific to Quoileview.	

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 outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Service users said they had no concerns regarding their safety.

Documentation in care files are not consistently specific to Quoileview. An area for improvement has been identified and will be stated for a second time

The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

The Mental Capacity Act (MCA) 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.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles.

The service had previously agreed to develop a register for service users who were subject to DoLS. This action had not been completed. Staff had advised that a service user was subject to a DoL but review of documentation indicated that this was incorrect. An area for improvement has been identified and will be stated for a second time. The registered manager provided a time bound action plan to address this finding which was found to be adequate.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. Service users were provided with easy read reports which supported them to fully participate in all aspects of their 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 found to be kept under regular review, however, one care file referred to a medication practice that has not been in place for a number of years and two care files stipulated monthly actions in relation to weight monitoring that had not taken place. The registered manager provided a time bound action plan to address this finding which was found to be adequate. An area for improvement has been made.

It was also positive to note that the day care setting had service user meetings on a regular basis which enabled the service users to discuss what they wanted from attending the day centre and any activities they would like to become involved in.

The day care setting is in the process of compiling an annual review in relation to their practice which will incorporate service user feedback. The returned questionnaires were viewed on the day of inspection.

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 of a specific consistency. A review of

training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

5.2.4 What are the arrangements to ensure robust managerial oversight and governance?

There were monthly 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 monthly quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The day care setting's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. No complaints were received since the last inspection.

There was a system in place for managing instances where a service user did not attend the day centre as planned. This included a system for signing in and out the service users who attend.

We discussed the acting management arrangements which have been ongoing since 21 June 2021; RQIA will keep this matter under review.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007 and Day Care Settings Minimum Standards, (revised), 2021.

	Regulations	Standards
Total number of Areas for Improvement	2*	1*

* the total number of areas for improvement includes two that have been stated for a second time

The areas for improvement and details of the QIP were discussed with Mrs Belinda Cockcroft, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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 19(1)(a) Schedule 4</p> <p>Stated: Second time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall maintain in respect of each service user a record which includes the information, a record of any limitations, liberty of movement and power to make decisions. This relates specifically to no register for DoLS being available in the service and action taken in relation to DoLS documentation which was found to be inadequate</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>An MCA register specific to Quoileview has been developed to ensure the manager and key worker has a record of all service users subject to limitations, liberty of movement and power to make decisions. The Community Team Leader has been advised that all MCA documentation must be specific to the service. MCA information is also recorded on Encompass. MCA update face to face training has been sought and is being facilitated by MCA team on 2nd & 23rd Aug 2024.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 16 (2)(b)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall ensure that a written care plan is kept under review.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered manager has put in place a process to ensure that all written care plans are kept under review by routinely reviewing service user files with day care staff during monthly supervision. In addition the registered manager will undertake an annual audit of care plans.</p>

Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021	
<p>Area for improvement 1</p> <p>Ref: Standard 19.3</p> <p>Stated: Second time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall ensure the information held on record is accurate, this refers specifically to documentation in care files are not consistently specific to Quoileview</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Community Team Leader has been advised immediatly to ensure records are accurate for the facility the service user attends. This has also been followed up with correspondance to all those within the community team who provide documentation stating it must be specific to Quoileview. All documentation within service user files has been amended and headings will be referred to as Quoileview.</p>

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