

# Inspection Report

11 March 2022



## Quoileview

**Type of Service: Day care**  
**Address: 2 Ballydugan Road, Downpatrick, BT30 6AA**  
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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> SEHSCT	<b>Registered Manager:</b> Acting manager Mrs B Mc Cormick
<b>Responsible Individual:</b> Ms Roisin Coulter ( Registration pending)	
<b>Person in charge at the time of inspection:</b> Mrs B Mc Cormick	<b>Date manager registered:</b> Acting manager
<b>Brief description of the accommodation/how the service operates:</b> Quoileview is a day care facility within the South Eastern Health and Social Care Trust 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 11 March 2022 between 09.30 a.m. and 12.30 p.m. by the care inspector. This inspection focused on the Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to staff training and the monitoring of care staffs' registrations with NISCC. Good practice was also found in relation to systems in place for disseminating Covid-19 related information to staff. Care staff told us they felt supported to carry out their role and to develop further and that the manager was supportive and always approachable.

There were good governance and management oversight systems in place.

The outcomes for people using the service reflected the principles and values of promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible and maintain independence. It was identified that service may benefit from more updated technology within the centre to allow access to computers and other information systems. This is something the registered person may wish to review.

One area for improvement was identified during this inspection:

- Monthly quality monitoring Regulation 28

The findings of this report will provide the registered individual and the manager 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.

Prior to inspection we reviewed the information held by RQIA about this day care setting. This included any written and verbal communication received since the previous care Inspection and the previous quality improvement plan.

The inspection focused on reviewing a range of relevant documents, policies and procedures relating to the day care setting's governance and management arrangements. This included reviewing staffs registrations with NISCC.

We discussed any complaints and incidents during the inspection with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of services in the day care setting. This included service user/relative questionnaires and a staff poster. A number of service users/relatives responses were received within the timescale requested; they indicated that they were very satisfied with the care and support provided.

#### Comments received:

- "My \*\*\* is an avid user of the internet and at present there is no internet Wi- Fi access at Quoileview. \*\*\*\*\* feels he is missing out on things of interest."
- "It would be nice if Wi-Fi was available to all service users."
- "Internet facilities badly needed."
- "Return to full service and review of social distancing."
- "It would be of benefit if Quoileview had Wi-Fi."
- "It is vital that broadband becomes available to the service users, it would open up many more opportunities for them. Using a computer is part of everyday life why should Quoileview be without?"

There were no responses to the staff electronic survey prior to the issue of this report.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

#### 4.0 What people told us about the service?

We spoke with the manager and one staff member. Service users were not met during this inspection. Those spoke with gave a comprehensive overview of the setting.

##### Staff comments:

- “Induction was good.”
- “My training is completed.”
- “The staff work well together.”
- “The manager is approachable and has an open door policy.”

#### 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 Quoileview was undertaken on 7 September 2020 by a care inspector.

Areas for improvement from the last inspection on 7 September 2020		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2021		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 8.11 <b>Stated:</b> first time <b>To be completed by:</b> 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	Partially met
	<b>Action taken as confirmed during the inspection:</b> The registered person has provided guidance to the monitoring officer with regard to completing monitoring reports ensuring that each report contains the views and opinions of a broad range of service users and carers pertaining to the quality of the service provided. However this needs further review.	

#### 5.2 Inspection findings

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

There was a good system in place to share information relating to Covid. 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).

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 effectively.

It was confirmed by the manager that care staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

The day care setting has a system for retaining a record of referrals made in relation to adult safeguarding matters. Records viewed and discussions with the manager indicated that no adult safeguarding referrals had been made since the last inspection.

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

Rotas evidenced that there was sufficient staff to ensure the safety of the people who used the service. Observation of the delivery of care at the time of inspection evidenced that service users' needs were effectively met by the staff on duty.

Incidents and accidents were recorded on an electronic system which is reviewed and audited by the manager, and the HSCT's governance department. There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Staff were provided with training appropriate to the requirements of their roles. This included DoLS training. It was identified that a number of service users were subject to a DoLS.

Discussions

with the manager evidenced that DoLS arrangements are in place and discussed with the individual service users keyworkers and when required care plans are updated.

The environment was observed during the inspection and there was evidence of infection Prevention and Control (IPC) measures in place such as Personal Protective Equipment (PPE) which was available for staff. Other IPC measures were in place, which included seven step hand hygiene guidance notices being positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall and relevant disposal bins.

There were numerous laminated posters displayed throughout the day care setting to remind staff of good hand washing procedures and the correct method for donning and doffing PPE.

Observations of the environment concluded that it was fresh smelling and clean throughout. There was a good supply of PPE throughout the service. Rooms were spacious and it was noted that social distancing guidelines were being adhered to Covid-19 and IPC practices.

Staff were observed adhering to guidance and were knowledgeable about IPC during discussions.

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

Discussions with staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting.

There was evidence that day care staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff were also implementing the specific recommendations of the (SALT) to ensure the care received in the setting was safe and effective.

It was noted that a number of service users have been assessed by (SALT) in relation to dysphagia needs and specific recommendations made with regard to their individual needs in respect of food and fluids. Staff spoken with demonstrated a good knowledge of service users' wishes, preferences and assessed needs; and how to modify food and fluids. It was positive to note all staff had undertaken dysphagia awareness 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, before staff members' commenced employment and had direct engagement with service users. Records viewed during and following the inspection evidenced that criminal record checks (Access NI) had been completed for staff.

A review of records confirmed all staff working in the day care setting were currently 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 minimum standards.

The manager confirmed that all staff are aware that they are not permitted to work if their professional registration lapses. 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. Quality monitoring visits had been undertaken. A sample of reports viewed provided evidence that the monitoring process included engagement with service users, relatives and staff. One area for improvement was identified here relating to feedback from other professionals.

The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements. We noted some of the comments received during the monthly quality monitoring:

**Service users:**

- “I get in well with all staff.”
- “They are all very good to me.”
- “I enjoy the activities.”
- “Happy to be back.”

**Staff:**

- “A good team we work well together.”
- “Well supported by the manager.”
- “We attend regular staff meetings.”
- “1-1 Time with service user sis good.”

**Relatives:**

- “Good staff communication.”
- “A good quality service.”
- “\*\*\*\*\* looks forward to the centre.”
- “I have no concerns\*\*\*\*\* seems very happy.”

It was positive to note that a number of care reviews had been completed in line with Covid guidance and the day care setting must be commended for their actions. We noted some of the comments from service users/relatives during their review:

- “I enjoy arts and crafts.”
- “A good service provided.”
- “I get on well with staff.”
- “I’m happy in the centre.”
- “Doing things at my own pace is good.”

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.

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

There was a system in place to ensure that staff received supervision and appraisal in accordance with the day care settings policies and procedures.

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

### 5.2.5 Conclusion

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

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

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with the Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007</b>	
<p><b>Area for improvement</b> 1</p> <p><b>Ref:</b> Regulation 28.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the inspection date.</p>	<p>28.—(1) Where the registered provider is an individual who does not manage the day care setting himself, he shall visit the day care setting in accordance with this regulation. (2) Where the registered provider is an organisation or partnership, the day care setting shall be visited in accordance with this regulation by— (a) the responsible individual or one of the partners, as the case may be; (b) a director or other person responsible for the management of the organisation or partnership; or (c) an employee of the organisation or the partnership who is not directly concerned with the conduct of the day care setting. (3) Visits under paragraph (1) or (2) shall take place at least once a month or as agreed with the Regulation and Improvement Authority and may be unannounced. (4) The person carrying out the visit shall— (a) interview, with their consent and in private, such of the service users and their representatives and persons employed in the day care setting as appears necessary in order to form an opinion of the standard of care provided in the day care setting; (b) inspect the premises of the day care setting, its record of events and records of any complaints; and (c) prepare a written report on the conduct of the day care setting. (5) The registered provider shall maintain a copy of the report required to be made under paragraph (4) (c) in the day care setting.</p> <p><b>Response by registered person detailing the actions taken:</b> In accordance with regulation 28.1 the Registered Manager has discussed the requirement for Service User representative to be interviewed as part of the monthly monitoring report. The Registered Manager will ensure that monthly monitoring reports reflect the views of service users and their representatives including Multi-Disciplinary individuals involved in their care.</p>





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