

Inspection Report

12 September 2023



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 (SEHSCT)	Registered Manager: Mrs Belinda McCormack
Responsible Individual: Ms Roisin Coulter	Date registered: Acting manager
Person in charge at the time of inspection: Day Care Worker	
Brief description of the accommodation/how the service operates: Quoileview is a day care setting within the 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 12 September 2023 between 9.00 a.m. and 2.45 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 and Covid-19 guidance was also reviewed.

Areas for improvement were identified in relation to: corporate records, Deprivation of Liberty documents; training and infection prevention and control.

Good practice was identified in relation to governance.

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 model "We Matter" Adult Learning Disability Model for NI 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.

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 spoke with a number of service users and staff members.

The information provided indicated that there were no concerns in relation to the day care setting, although the lack of connectivity was reported by both service users and staff to be challenging. This issue has been noted in previous reports but remains unchanged. Discussions with the manager have taken place following the inspection, this will be reviewed at future inspections.

Comments received included:

Service users' comments:

- "I feel safe here."
- "I would like to watch movies here and listen to my music."
- "I enjoy painting."
- "I have just come back from a lovely walk."
- "The staff are very good here."

Staff comments:

- "I absolutely love working here."
- "There is a very happy vibe here."
- "It's a pity the service users can't watch You tube videos here, or we can't check facts on the projects we are doing"
- "I could approach my manager about anything."

- “There is no computer access here, we have to go elsewhere to complete online training, to check emails and to complete incident forms.”
- “I love coming to work.”
- “The service users are well looked after.”

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

- “I love it all.”

There were no responses to the electronic staff survey.

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 22 December 2022 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 outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the person in charge 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. A review of the training matrix evidenced that expired safeguarding training had not been identified. An area for improvement in relation to training has been made and will include safeguarding training and other training discussed later in this report. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns. They 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 raising concerns.

The day care setting did not retain records on site of any referrals made to the HSC Trust in relation to adult safeguarding. This is due to the keeping of all electronic records at another location. A review of records of referrals was not undertaken on the day of inspection.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

The person in charge was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Staff were provided with a number of training courses appropriate to the requirements of their role. The person in charge did not have access to the live training platform. A number of staff had overdue basic life support training. An area for improvement in relation to training has been made and will include basic life support training and other training discussed in this report. The inability to have access onsite to the information regarding training, may have had an impact on the achievement of full compliance with training.

A review of care records identified that moving and handling risk assessments and care plans were up to date.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All relevant staff had been provided with training in relation to medicines management. The person in charge advised that no service users required their medicine to be administered in the Day Care Setting.

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).

All staff had Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. On review of the associated documents for service user experiencing a deprivation of liberty, discrepancies in the associated paperwork were identified. An area for improvement has been made.

A number of corporate documents contained within care files did not contain the correct details of the Day Care Setting. An area for improvement has been made.

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 evacuation drill was undertaken on the 21 April 2023, not all staff have been present for a fire evacuation drill during the last year. An area for improvement has been made. Fire risk assessments for the centre were available for the inspection and had been completed on 17 November 2021. During the inspection fire exits were observed to be clear of clutter and obstructions.

Updated Evacuation and Shelter Plans were not available in the Day Care Setting on the day of inspection. The manager submitted these documents post inspection and they were found to be satisfactory. Four nominated fire officers were named in the updated non-clinical evacuation and shelter plan but only one of these named as having nominated fire officer training on the training matrix. An area for improvement in relation to training has been made and will include nominated fire officer training and other training discussed in this report.

Chairs observed in use in the Day Care setting do not lend themselves to effective cleaning, due to the presence of fabric on the seating area. An area for improvement has been made.

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. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

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 completing an annual review in relation to their practice which will incorporate service user and their representatives' feedback. The returned questionnaires were viewed following the inspection. The collated report will be reviewed at a future 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.

Discussions with staff and review of service users' 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 staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements.

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

The person in charge confirmed that no new employees had commenced work in the Day Care Setting since the last report. There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.6 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.

The Statement of Purpose and Service User Guide documents required updating. These documents will be reviewed at future inspections.

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	3	2

Areas for improvement and details of the QIP were discussed with Mrs Belinda Cockcroft (nee McCormack), Acting 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 20(c)(i)</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 the persons employed to work in the day care setting receive mandatory training and other training appropriate to the work they are to perform;</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered manager had presented a training matrix which covered all staff attached to Mountview. This has now been made specific to Quoileview.</p> <p>There was 1 person training out of date for Basic Life Support and 1 person for Adult Safeguarding and MCA DOLs update training. Dates for training have been agreed in October 2023 as the earliest possible dates available to ensure all staff are fully trained in mandatory training..</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13(7)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall make suitable arrangements to minimise the risk of infection and the spread of infection in the day care setting.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Following inspection, the manager was contacted regarding the chairs used in Quoileview as being unsuitable seating due to fabric covering. The manager contacted Infection control to seek guidance regarding the seating and current cleaning regime by email and is awaiting a response. From the day of the inspection a cleaning checklist has been implemented to ensure infection control measures are being adhered to. New vinyl seating has been ordered to replace current fabric seating due to the concerns raised.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 19(1)(a) Schedule 4 (o)</p> <p>Stated: First 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.</p> <p>Ref: 5.2.1</p>
<p>Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 28.6</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall ensure all staff attend a fire evacuation drill at least once a year.</p> <p>Ref: 5.2.1</p>
<p>Response by registered person detailing the actions taken:</p> <p>The registered manager has ensured that a fire drill has been carried out and staff names listed as requested.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 19.3</p> <p>Stated: First 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 corporate documents that do not contain the correct details of the Day Centre, such as consent, lifestar documents and service user agreement documents.</p> <p>Ref: 5.2.1</p>
<p>Response by registered person detailing the actions taken:</p> <p>All corporate documents have been amended to ensure they are relevant and specific to Quioileview as highlighted by the inspector.</p>	

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