

Inspection Report

13 June 2023



Safe Haven

Type of service: Day Care Setting
Address: 67 Cornagrade Road, Enniskillen,
Fermanagh, BT74 6DX

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Safe Haven Responsible Individual: Mr Gary Cawley	Registered Manager: Mrs Rhonda Morrow Date registered: 2 September 2022
Person in charge at the time of inspection: Mrs Rhonda Morrow	
Brief description of the accommodation/how the service operates: This is a day care setting that is registered to provide care and day time activities for up to 35 service users living with a learning disability. The day care setting is open Monday to Friday.	

2.0 Inspection summary

An unannounced inspection was undertaken on 13 June 2023 between 9.15 a.m. and 4.40 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, 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 were identified in relation to care records, service users' meetings and competency and capability assessments.

All service users spoken with indicated that they were very happy with the care and support provided by the staff.

Evidence of good practice was found in relation to communication between service users and day care setting staff; the provision of compassionate care; staff training; the monitoring of staffs' registration with the Northern Ireland Social Care Council (NISCC) and the management of dysphagia.

There was evidence identified throughout the inspection process that the day care setting promotes service users' human rights; this was evident in relation to the areas of consent, autonomy, decision making, confidentiality and service user involvement.

The findings of this report will provide the management team with the necessary information to improve the quality of service provision.

We would like to thank the manager, the responsible individual, service users and staff for their support and co-operation throughout the inspection process.

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.

Comments received included:

Service users' comments:

- "This is a nice place. I like coming here. I like doing word searches. I am going to the Forum, later, to ride on a bicycle."

- “Staff are good to me.”
- “I like the centre. I have fun here.”
- “Staff are lovely and I am happy here.”

Staff comments:

- “This is an excellent place to work. Rhonda is very passionate about the service and that we deliver a high standard of care and support. Rhonda encourages all staff to express their views about service delivery.”
- “There are great activities provided. Activities are based on service users likes and the service users get to choose what they want to do.”
- “All risk assessments and care plans are available to care staff. Good care provided.”
- “There is very good training provided and all my training is up to date. We are supported to attend additional training outside of the mandatory training.”

During the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:



- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

One returned questionnaire indicated that the respondent was very satisfied with the care and support provided. Written comments included:

- “Safe Haven is a wonderful centre and caters for my daughter’s needs. They support her daily and encourage her to be as independent as possible. The facilities are excellent and the building is safe. The staff are wonderful, always encouraging her to try different things. Safe Haven is a brilliant facility and I don’t know where I would be without the help and support my daughter and I receive from Rhonda and staff.”

No staff returned questionnaires 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 30 August 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 30 August 2022		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 4 Stated: First time	The registered person shall ensure that the statement of purpose includes details of the management of records in accordance with The Day Care Settings Regulations (Northern Ireland) 2007, Regulation 4.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of the statement of purpose evidenced that this area for improvement had been addressed.	
Area for Improvement 2 Ref: Regulation 30, 31 Stated: First time	The registered person shall ensure that the policy on the absence of manager and notification of changes includes details of the notification of changes in accordance with The Day Care Setting Regulations (Northern Ireland) 2007, Regulation 31.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of the policy on the absence of manager evidenced that this area for improvement had been addressed.	
Area for Improvement 3 Ref: Regulation 10 (1) (b) (i) Stated: First time	The registered person shall ensure that the registered manager undertakes QCF level 5 in adult management in health and social care within a set timeframe.	Met
	Action taken as confirmed during the inspection: RQIA received a copy of the Manager's QCF level 5 in adult management in health and social care on 5 June 2023.	

Action required to ensure compliance with the Day Care Settings Minimum Standards (revised), 2021		Validation of compliance
<p>Area for Improvement 1</p> <p>Ref: Standard 14</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the adult safeguarding policy and procedure is reviewed in accordance with the regional policies and procedures as they apply in N.I.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of the adult safeguarding policy and procedure evidenced that this area for improvement had been addressed.</p>	
<p>Area for Improvement 2</p> <p>Ref: Standard 17.14</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the accident and incident policy and template is aligned to ensure all appropriate information is recorded.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of the accident and incident policy evidenced that this area for improvement had been addressed.</p>	
<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the Training and Development policy includes all relevant mandatory training and relevant documents on RQIA website.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of the training and development policy evidenced that this area for improvement had been addressed.</p>	

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 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. Safeguarding procedures were understood by staff members who were interviewed and they confirmed that they had the confidence to report poor practice, should they identify it. However, all expressed the view that practice throughout the day care setting was of a high quality and that team members worked well together.

Records viewed and discussions with the manager indicated that no referrals had been made with regard to adult safeguarding since the last 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 day care setting had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

A review of accident/incident records evidenced that one incident had occurred since the previous inspection. This incident was managed appropriately.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Staff consulted with on the day of inspection spoke positively about the training they receive and confirmed that they received sufficient training to enable them to fulfil the duties and responsibilities of their role and that training was of a good standard. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as infection prevention and control, first aid, fire safety and dysphagia. It was positive to note that the day care setting provided training in regard to epilepsy awareness and diabetes awareness.

Discussion with staff and review of a service user's care record evidenced conflicting information in relation to their medical needs.

A letter confirming suitability of placement was also unavailable in the two care records reviewed. Areas for improvement have been noted to address the shortfalls identified in relation to care records.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required; a competency assessment would be undertaken before staff undertook this task.

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.

Staff had completed 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. The documentation in place was reviewed and was satisfactory.

The environment was observed during a tour of the day care setting and there was evidence of infection prevention and control measures in place such as Personal Protective Equipment (PPE) which was available for staff. Other infection prevention and control measures were in place, which included seven step hand hygiene notices positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins. Wall mounted hand sanitisers were strategically located throughout the day care setting.

The day care setting was found to be beautifully decorated, fresh smelling and clean throughout. There were no obvious hazards to the health and safety of service users, visitors or staff.

The day care setting's fire safety precaution records were reviewed. Discussion with staff confirmed they were aware of the fire evacuation procedure. Fire exits were observed to be clear of clutter and obstruction. An updated fire risk assessment was completed on 7 December 2022.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users and staff, it was positive to note that service users had an input into devising their own plan of care. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant.

It was also positive to note that the manager met with service users to discuss what they wanted from attending the day care setting and any activities they would like to become involved in. However, a formal record of these meetings was not completed. An area for improvement has been made in this regard.

Discussions with service users and staff and observation of care during the inspection showed that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the day care setting.

Staff interactions with service users were observed to be cheerful, compassionate, caring and timely, with staff providing clear information, using appropriate language, demonstrating active listening skills, checking understanding and service users' expectations.

We observed on numerous occasions, staff offering service users' choice regarding the activity they wished to do or where they wished to go. Staff took time to find out what services users wanted when it was not always apparent. Staff were also observed responding sensitively and in a timely manner to the non-verbal cues of service users with limited verbal communication. Staff were noted to be busy attending to the needs of service users and they took time to listen and reassure services users as needed. It was apparent that service users were familiar with staff as they appeared relaxed and comfortable in their surroundings and interactions. There was genuine warmth in the engagement by staff with service users and staff spoken with were knowledgeable regarding service users likes, dislikes and individual preferences.

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

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). 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. Staff were familiar with how food and fluids should be modified.

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 (AccessNI), 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 NISCC. 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.

There were no volunteers working in the day care setting.

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. There was a robust, structured, induction programme which also included shadowing of a more experienced staff member.

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

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the day care setting's quality monitoring established that there was engagement with service users, service users' relatives and staff. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

Discussion with manager during the inspection evidenced that no competency and capability assessments had been undertaken with those staff members who are required to be the person in charge in the manager's absence. An area for improvement has been identified in this regard.

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

The day care setting's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the day care settings policy and procedure. Records reviewed and discussion with the manager indicated that no complaints had been made since last inspection. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

Discussions with staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included the availability of continuous update training alongside supervision/appraisal processes, an open door policy for discussions with the management team and observation of staff practice. Staff stated that there was effective teamwork and each staff member knew their role, function and responsibilities.

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	2

Areas for improvement and details of the QIP were discussed with Mrs Rhonda Morrow, Registered Manager, and Mr Gary Cawley, Responsible Individual, 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 15 (a)(b)(c)(d)(e)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from date of inspection</p>	<p>The registered person shall not provide care or services to a service user in the day care setting unless he is satisfied that where appropriate—</p> <p>(a) the needs of the service user have been assessed by a suitably qualified or suitably trained person;</p> <p>(b) the registered person has obtained a copy of the assessment;</p> <p>(c) there has been appropriate consultation regarding the assessment with the service user or a representative of the service user as appropriate;</p> <p>(d) the registered person has confirmed in writing to the service user that having regard to the assessment the day care setting is suitable for the purpose of meeting the service user’s needs in respect of his day care; and</p> <p>(e) the day care setting is appropriate to the service user’s needs.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The Registered Manager has liaised with the WHSCT to provide assessments for service users. This process has began and the WHSCT are providing the 'All About Me' assessments for existing service users and this will also be the case going forward. The Responsible Individual has issued a letter to primary carers in regard to the suitability of the day care setting for the purposes of meeting service users' needs, and also that the day care setting is suitable for meeting the needs of the service. The letter will be signed by the primary carer and retained in the service users' care plan.</p>
<p>Ref: Regulation 16 (1)(2)(a)(b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from date of inspection</p>	<p>The registered person, where appropriate, shall ensure that a written care plan is prepared in consultation with the service user or the service user’s representative as to how the service user’s needs in respect of his day care are to be met.</p> <p>(2) The registered person shall ensure that—</p> <p>(a) the service user’s plan is available to the service user;</p> <p>(b) the service user’s plan is kept under review.</p> <p>Ref: 5.2.1</p>

	<p>Response by registered person detailing the actions taken: The relevant care plan has been reviewed and updated to reflect accurate and current interventions in respect of diabetes management. This will continue to be kept under review on an ongoing basis, and updated as necessary.</p>
<p>Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021</p>	
<p>Area for improvement 1 Ref: Standard 8.2 and 8.3 Stated: First time To be completed by: Immediate and ongoing from date of inspection</p>	<p>The registered person shall ensure service users are enabled to be involved in and given opportunities to influence the running of the service. This will require the establishment of forums or systems whereby service users can be consulted about and express their views. A record must be maintained of the matters raised by service users and actions taken in response.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Whilst it was acknowledged at inspection, the Registered Manager was communicating effectively with service users on a regular basis, this has now been formalised and a schedule for monthly meetings with the service users has been implemented. This will ensure that service users are enabled to be involved, and given opportunities, to influence the operation of the service, and that their views will be welcomed and acted upon where able and appropriate.</p>
<p>Area for improvement 2 Ref: Standard 23.3 Stated: First time To be completed by: Immediate and ongoing from date of inspection</p>	<p>The registered person shall ensure that a competency and capability assessment is completed for those staff members who are required to be the person in charge in the manager's absence.</p> <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken: The Registered Manager has used the staff competency assessment recommended by RQIA and this has been completed for those staff members who are required to be in charge of the setting in the absence of the Registered Manager. The assessments are retained in staff members personnel files.</p>

Please ensure this document is completed in full and returned via Web Portal



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care