

Inspection Report

24 September 2024



Safe Haven

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: 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 34 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 24 September 2024 between 9.45 a.m. and 7.00 p.m. The inspection was conducted by two care inspectors.

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.

Two areas for improvement were identified in relation to care records.

Good practice was identified in relation to service user involvement, Infection Prevention and Control (IPC) practices, dysphagia management and staff training.

We would like to thank the manager, 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 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 they had no concerns in relation to the day care setting.

Comments received included:

Service users' comments:

- "I like coming here. This is a good place. I like doing colouring and jigsaws. I am happy here."
- "Staff are kind and I can talk to anyone if I had any issues."
- "I feel safe here and enjoy coming to the Centre."

Staff comments:

- "I got a good induction, it was structured and I got to observe others. There was wonderful support from the manager and senior staff. I got time in my induction to get to know the service users and build relationships."
- "Good team. Information shared among staff when changes occur."
- "Service users get to choose what they want to do."
- "Good training opportunities. I have face to face training and online training."
- "Service users' views are taken in to account when planning activities."

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?

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

- “Safe Haven is just great.”
- “Staff are really helpful. I like it when Rhonda sits and asks us about things we would like to do.”
- “I always look forward to my days in Safe Haven.”

There was no response 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 13 June 2023 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 13 June 2023		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 15 (a)(b)(c)(d)(e) Stated: First time	<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</p>	Met

	<p>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>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 a sample of care records evidenced that this area for improvement had been addressed.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 16 (1)(2)(a)(b)</p> <p>Stated: First time</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>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 a sample of care records evidenced that this area for improvement had been addressed.</p>	<p>Met</p>

Action required to ensure compliance with the Day Care Settings Minimum Standards\z (revised), 2021		Validation of compliance
Area for improvement 1 Ref: Standard 8.2 and 8.3 Stated: First time	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.	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 evidenced that service users' meetings were undertaken and minutes maintained.	
Area for improvement 2 Ref: Standard 23.3 Stated: First time	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.	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 evidenced that a competency and capability assessment had been completed for those staff members who were required to be the person in charge in the manager's absence.	

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). The safeguarding champion was known to the staff team.

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 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 whistleblowing.

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.

The day care setting's governance arrangements for the management of accidents/incidents were reviewed. A review of a sample of accident/incident records evidenced that these were managed appropriately.

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

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

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 environment was observed during a tour of the day care setting and there was evidence of 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 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.

It was identified that items were stored in accordance with Control of Substance Hazardous to Health (COSHH) guidance.

The day care setting was found to be warm, fresh smelling and clean throughout. Fire exits were observed to be clear of clutter and obstruction. All staff had completed fire safety training and participated in an annual fire evacuation drill.

5.2.2 What are the arrangements for promoting service user involvement?

Review of two service users' care plans identified that service users' signatures were absent. An area for improvement has been identified in this regard.

Review of care records identified that a record of service users' attendance including how they presented during their attendance and how they spent their day was not maintained within the day care setting. An area for improvement has been identified in this regard.

It was positive to note that the day care setting had regular service users' meetings which enabled the service users to discuss what they wanted from attending the day care setting and any activities they would like to become involved in. Service users said they felt well looked after and would speak to staff if they had any concerns. They also told us their views and opinions are sought as well as integrated into practice.

Discreet observations of care practices found that service users were treated with sensitivity, friendliness, care and respect. Where appropriate service users were encouraged to make their own decisions, be independent and were supported by staff when this was needed. Staff presented as knowledgeable, experienced and compassionate.

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)?

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.

It was positive to note that the Manager and Senior Support Worker had completed a six-week Dysphagia programme provided by the Health and Social Care Trust. It was also positive to note that a number of service users with Dysphagia were currently being supported to attend a programme promoting their understanding in relation to SALT recommendations.

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 the Northern Ireland Social Care Council (NISCC). There was a system in place for professional registrations, of staff employed by the day care setting, 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.

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 Settings Minimum Standards, (revised), 2021.

	Regulations	Standards
Total number of Areas for Improvement	0	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 Settings Minimum Standards August (revised) 2021	
Area for improvement 1 Ref: Standard 5.3 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that the care plan is signed and dated by the service user, the member of staff responsible for drawing it up and the registered manager. Where the service user is unable or chooses not to sign any document, this should be recorded and the basis of his or her agreement to participate noted. Ref: 5.2.2
	Response by registered person detailing the actions taken: Actioned. A care plan agreement form has been developed, stating who is responsible for formulating the care plan, and this will be signed off by the Registered Manager. The document has been designed to be 'user friendly', using pictorial icons to enable the service user make an informed decision to choose to agree/decline to participate, and rationale if the service user is unable/chooses not to sign the agreement.
Area for improvement 2 Ref: Standard 7.5 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that when no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case. Ref: 5.2.2
	Response by registered person detailing the actions taken: Actioned. The Registered Manager has implemented a Weekly Report, which will record an entry at least every five attendances when no recordable events occur.

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



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