

# Inspection Report

15 March 2022



## Arden Centre

Type of service: Day Care Setting  
Address: Scroggy Road, Limavady, BT49 0AR  
Telephone number: 028 7772 2123

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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> Western Health and Social Care Trust	<b>Registered Manager:</b> Ms Irene Smyth
<b>Responsible Individual:</b> Mr Neil Guckian – Registration Pending	<b>Date registered:</b> 21 November 2018
<b>Person in charge at the time of inspection:</b> Ms Irene Smyth	
<b>Brief description of the accommodation/how the service operates:</b>  Arden Centre is a day care setting that provides therapeutic activities and support for up to 20 persons per day; service users are living with enduring mental health issues. The centre is open Monday to Friday and is managed by the Western Health and Social Care Trust (WHSCT).	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 15 March 2022 between 9.30 a.m. and 12.30 p.m. by the care inspector.

This inspection focused on recruitment, Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS) including money and valuables, dysphagia, monthly quality monitoring and Covid-19 guidance.

No areas for improvement were identified during this inspection.

There were good governance and management oversight systems in place. Good practice was also found in relation to the system in place of disseminating Covid-19 related information to staff.

The findings of this report will provide the responsible person 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 the previous inspection report and any written and verbal communication received since the previous care inspection.

The inspection focused on:

- contacting the service users, their relatives, HSCT representatives and staff to find out their views on the service
- reviewing a range of relevant documents, policies and procedures relating to the day care setting's governance and management arrangements.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided. This included questionnaires for service users/relatives. An electronic survey was provided to enable staff to feedback to the RQIA.

### 4.0 What people told us about the service

We spoke with two service users and one staff member.

In addition, we received nine questionnaires from service users/relatives which indicated that they were generally happy with the service provided by the agency. No electronic survey feedback from staff was received prior to the issue of the report.

#### Comments received during inspection process-

##### Service users' comments:

- "I like everything we do at the centre."
- "The staff treat me with respect."
- "The staff are good."
- "The staff wear aprons and masks."
- "Staff are caring and helpful."
- "They have reopened to clients even though they are short staffed."
- "I owe my life to the Arden Centre. Their ongoing support keeps me well and able to manage at home and in the community."

##### Staff members' comments:

- "I enjoy my job."

- “I have done a lot of training.”
- “The manager is supportive.”
- “I report any concerns to the manager.”
- “The manager would listen to any concerns.”
- “The service users are happy here.”
- “We listen to service users at their meetings.”
- “We provide the service our service users want.”

## **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 Arden Centre was undertaken on 22 October 2019 by a care inspector; no areas for improvement were identified. An inspection was not completed for the 2020-2021 inspection year due to the first surge of the Covid-19 pandemic.

## **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 adult safeguarding concerns.

It was noted that staff are required to complete classroom based adult safeguarding training during their induction programme and two yearly updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. They could 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.

The day care setting had a system for retaining a record of referrals made to the WHSCT in relation to adult safeguarding. Discussions with the manager indicated that no adult safeguarding referrals had been made since the last inspection.

Service users who spoke to us stated 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.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the day care setting's policy and procedures.

All staff had completed DoLS training appropriate to their job roles; records reviewed confirmed that training had been completed. Discussion with staff evidenced their knowledge of the subject. Discussion with the manager provided confirmation that at present no service users meet the criteria to have a DoLS practice in place.

The manager stated that the service did not manage service users' monies.

Staff demonstrated that they had an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

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

The manager confirmed that the day care setting had not received any specific recommendations from SALT in relation to service users' Dysphagia needs.

It was positive to note that a number of staff had completed Dysphagia awareness training.

### **5.2.3 Are there robust systems in place for staff recruitment?**

The manager advised that there were no newly recruited staff to the day care setting since the last inspection. There was a process in place to ensure that new staff are recruited in accordance with the regulations and minimum standards.

A review of the records confirmed that all staff provided are appropriately registered with the NMC and NISCC. Information regarding registration details and renewal dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The manager told us that the day care setting does not use volunteers or voluntary workers.

### **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. Reports relating to the day care setting's monthly monitoring were reviewed. The process included engagement with service users, service users' relatives, staff and WHSCT representatives. The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements. It was noted that an action plan was

generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

There is a process for recording complaints in accordance with the day care setting's policy and procedures. It was noted that no complaint were received since the last inspection.

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 Alert's (EAs).

## 6.0 Conclusion

Based on the inspection findings and discussions held, RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner and that the service was well led by the manager/management team.

## 7.0 Quality Improvement Plan/Areas for Improvement

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Irene Smyth, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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