

Inspection Report

30 August 2022



Millbrook Court Day Centre

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: Radius Housing Association	Registered Manager: Miss Jennifer Zebedee
Responsible Individual: Mrs Fiona McAnespie	Date registered: 1 August 2016
Person in charge at the time of inspection: Manager of one of the organisation's residential homes.	
Brief description of the accommodation/how the service operates: This is a day care setting that provides care and day time activities for people living with dementia. The day care setting had recently been refurbished and works are almost completed.	

2.0 Inspection summary

An unannounced inspection was undertaken on 30 August 2022 between 9.40 a.m. and 2.15 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), restrictive practices, Dysphagia and Covid-19 guidance was also reviewed.

Areas for improvement identified related to the day care setting's quality monitoring process and staff training.

Good practice was identified in relation to service user involvement and the management of adult safeguarding. There were good governance and management arrangements in place.

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.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included 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, relatives 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:

- "I like coming here, I feel good when I am here."
- "I love coming, the staff are great."
- "Staff help me, I feel safe here."
- "I like a wee cup of tea."
- "I can do what I like."

Service user's relative's comments:

- "Great place, they are so good to mummy. She loves coming."
- "We would be lost without it."
- "The staff are lovely."

Staff comments:

- “Came as a student, now work as relief.”
- “Love working here.”
- “Worked here 18 years, I love it, it is so relaxed.”
- “The manager is very good; firm but fair.”
- “The needs of the service users are at the forefront. It’s about what they want and like to do.”
- “We try to make activities that suit the needs and wishes of the service users and that are enjoyable.”
- “I have no concerns.”

One questionnaire was returned prior to the issuing of the report; the responses indicate that the person was very satisfied with the care provided. There was no response to the 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 19 October 2021 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 19 October 2021		
Action required to ensure compliance with The Day care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 30 (1) (b) Stated: First time To be completed by: Immediate and ongoing	The registered person shall ensure that (1) Where- (b) the registered manager; proposes to be absent from the day care setting for a continuous period of 28 days or more, the registered provider shall give notice in writing to the Regulation and Improvement Authority of the proposed absence. Ref: 5.2.4	Met
	Action taken as confirmed during the inspection: It was confirmed that there have been no changes in the manager arrangements since the last inspection. However it was noted that there is a process in place for ensuring that any absences of the registered manager for a continuous period of 28 days or more are	

	notified to RQIA are required.	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 11.5 Stated: First time To be completed by: Immediate and ongoing	The registered person shall ensure that records of, and receipts for, all transactions undertaken by the staff on each service user's behalf are maintained. Where the service user is unable or chooses not to sign two members of staff sign and date the record. Ref: 5.2.1	Met
	Action taken as confirmed during the inspection: It was confirmed from records viewed that where a service user was unable or choose not to sign their financial record form two members of staff had signed and dated the record.	

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 and staff 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.

The day care setting retained records of any referrals made to the Health and Social Care (HSC) Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

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 and their relatives with information about keeping themselves safe and the details of the process for reporting any concerns.

Records of incidents viewed indicated that they had been managed appropriately. Since the last inspection there were no incidents that were required to be notified to RQIA.

The person in charge reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

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.

The person in charge stated that staff do not administer medication to service users. The person in charge was aware that should this be required, medication management training and a competency assessment would need to be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) 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 appropriate DoLS training appropriate to their job roles. The person in charge reported that at present none of the service users were subject to DoLS. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had their capacity considered and, where appropriate, assessed.

The fire risk assessment was reviewed and it was noted that actions had been taken to address any actions identified. An updated risk assessment will be completed when refurbishment works are complete. Staff had completed fire safety training and had participated in fire drills.

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 service 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 was in the process of recommencing service user meetings which enable the service users to discuss their views and opinions on the service provided.

The day care setting had completed an annual review in relation to their practice which incorporated service user and their representatives' feedback (Regulation 17). This was disseminated to all of the service users, in a format which best met their communication needs.

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 modifying food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). Whilst none of the service users had swallowing difficulties, the person in charge was aware that training in Dysphagia could be accessed. A review of training records confirmed that staff had completed first aid training in relation to how to respond to choking incidents. It was noted that staff had not completed Dysphagia Training; an area for improvement has been identified.

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

There was evidence that checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body. There was a system in place for professional registrations to be monitored by the manager in conjunction with the organisations Human Resources (HR) department. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no persons volunteering 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 evidence of a structured, three day induction programme which also included shadowing of a more experienced staff member.

A review of the records pertaining to Regulation 20 of The Day Care Settings Regulations (Northern Ireland) 2007 and Standard 21 of The Day Care Settings Minimum Standards 2021 relating to staff also identified that they had been recruited, inducted and trained in line with the regulations.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by agencies.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. The person in charge was advised to discuss the post registration training requirement with staff to ensure that all staff are compliant with the requirements.

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. The reports included details of a review of accident/incidents and complaints. However, it was discussed with the person in charge the need to further develop the report format to include details of the review of other key areas such as staffing arrangements/training, NISCC registration and adult safeguarding and to include evidence of engagement with relatives and staff. An area for improvement has been identified.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

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 setting's policy and procedure. It was noted that no complaints had been received since the last inspection. A record of compliments is retained, comments included:

- "Wonderful place, full of amazing people."
- "Nothing but praise for the facility."
- "My wife and I feel part of the family."

6.0 Conclusion

Based on the inspection findings, two areas for improvement were identified. Despite this, RQIA was satisfied that this day care setting was providing services in a safe, effective, caring and compassionate manner and the service was well led by the manager / management team.

7.0 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

The areas for improvement and details of the QIP were discussed with the person in charge, 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 21 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that staff are trained for their roles and responsibilities. This relates specifically to staff completing Dysphagia training. Ref: 5.2.3
	Response by registered person detailing the actions taken: All staff have now completed a Certified Dysphagia Training Course. This training will be included in the Annual Mandatory Training Programme for all staff.
Area for improvement 2 Ref: Standard 17.10 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that the quality monitoring report format is further developed to include details of the review of other key areas such as staffing arrangements/training, NISCC registration and adult safeguarding and should include evidence of engagement with relatives and staff. Ref: 5.2.6
	Response by registered person detailing the actions taken: The Monthly Quality Monitoring Report format has been enhanced to provide more detail in respect of Staff arrangements/training, NISCC registration, Adult Safeguarding and engagement with relatives and staff.

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



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