

Inspection Report

21 April 2023



Limavady Community Development Initiative

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: Limavady Community Development Initiative LTD Responsible Individual: Mr James Herron	Registered Manager: Natasha Doherty (Acting)
Person in charge at the time of inspection: Natasha Doherty	
Brief description of the accommodation/how the service operates: Limavady Community Development Initiative provides day care for physically disabled adults aged 18-65 years. The centre serves the Borough of Limavady and is contracted by the Western Health and Social Services Trust (WHSCT) to provide care for 23 service users three days per week.	

2.0 Inspection summary

An unannounced inspection was undertaken on 21 April 2023 between 9.45a.m. and 4.45p.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 was also reviewed.

Areas for improvement identified related to the fire evacuation procedure, staff training, staff induction, the annual quality review report and the adult safeguarding champion position report.

Good practice was identified in relation to service user involvement and the monitoring of staffs' registration with the Northern Ireland Social Care Council (NISCC).

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, 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 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 like gardening and cutting the grass. I like all the activities we do. We have service user meetings once a month and we plan the activities we are going to do during the week. The staff are very nice and they treat me well. If I had any problems, I would go to the key worker and they would sort it out. I have a choice as to what activities I do; you are not made to do any activities you don't want to."
- "I come here twice a week and I enjoy it. If I had any concerns, I would speak to the staff. I have a choice as to the activities I do. I always try out the activities. The staff are lovely; they listen to me. If anything is worrying me, they will ask me if I am okay. The staff are like part of the family."

Staff comments:

- “I have been working here for some time and I enjoy working here. We receive training mostly on line. I completed my adult safeguarding training back in December 2022. The service users are given choice as to what they want to do. I play games with the service users and chat to them. I help with the maintenance in the day care. If I had any concerns, I would speak to the manager.”
- “I completed my mandatory training as part of my induction. I shadowed an experienced member of staff during my induction which lasted around three weeks. The service is very person centred and the service users have choice as to the activities. We get feedback from the service users during the service user meetings. The manager is approachable and is very much on the floor working with us. There is an open door policy with management. If I had any concern the management would act on them.”

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

- “Management at the centre has recently changed. The new manager has lots of ideas, moving forward for the centre. Looking forward to this. My relative feels safe and secure in the homely environment LCDI provides.”

No responses were received to the electronic 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 July 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). The day care setting's annual Adult Safeguarding Champion Position Report had not been completed. An area for improvement has been identified in this regard.

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. A review of the training record identified that the bus driver had not completed adult safeguarding training. RQIA received confirmation the bus driver had completed adult safeguarding training on 25 April 2023. 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 in normal business hours and out of hours. 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 manager indicated that no referrals had been made with regard to adult safeguarding since the last inspection.

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

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.

Staff were provided with moving and handling training. The manager 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.

The majority of care reviews had been undertaken in keeping with the day care setting's policies and procedures. The manager advised that dates were being arranged for the outstanding care reviews. There was evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

A review of the training records identified that not all staff had been provided with training in relation to medicines management. An Area for improvement has been identified in this regard. 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) 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.

The majority of staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. One staff member who had not completed this training had a training date identified to complete this training.

The manager reported that none of the service users were subject to DoLS. Advice was given in relation to developing a resource folder containing DoLS information which would be available for staff to reference.

A review of the day care setting's environment was undertaken and the day care setting was found to be fresh smelling and clean throughout. There were no obvious hazards to the health and safety of service users, visitors or staff.

Fire exits were observed to be clear of clutter and obstruction. Review of the fire evacuation records indicated that fire drills were carried out when the day care setting was closed; indicating that service users and staff may not be aware of the procedures to be followed in case of fire. An area for improvement has been identified in this regard.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing records and through discussions with service users, it was positive to note that service users had an input into devising their own activities. The service users' care plans contained details about their likes and dislikes and the level of support they may require.

It was 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 had not completed an annual review in relation to their practice which incorporated service user and their representatives' feedback. An area for improvement has been identified in this regard.

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). Whilst none of the service users had swallowing difficulties, the manager advised that they were aware of the SALT referral process if a service user presented with eating, drinking or swallowing difficulties.

It was positive to note that all staff had attended dysphagia awareness training.

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 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 was one volunteer working in the day care setting. The manager advised that the day care setting had a policy and procedure for volunteers which clearly specified their role and responsibilities. The manager confirmed that volunteer did not undertake any personal care duties and that AccessNI checks had been completed.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

Review of staff induction records identified that not 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. An area for improvement has been identified in this regard.

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 manager 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, service users' relatives, staff and Health and Social Care (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.

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. The review of records and discussion with the manager confirmed that no complaints were received since the date of the last inspection.

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	3

The Areas for improvement and details of the QIP were discussed with the 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	
Area for improvement 1 Ref: Regulation 26 (4) (f) Stated: First time To be completed by: Immediate and ongoing from the date of inspection.	The registered person shall ensure, by means of fire drills and practices at suitable intervals, that the persons employed in the day care setting and, so far as practicable, service users, are aware of the procedure to be followed in case of fire. Ref: 5.2.1
	Response by registered person detailing the actions taken: Fire drill procedure revised and updated in conjunction with Property Manager and General Manager. New system and recording developed for reflecting and monitoring fire drill process. Property Manager carrying out testing during times where staff and service users are in the building. Fire risk assessment updated and revised to reflect individual service users needs and PEEP.
Area for improvement 2 Ref: Regulation 16 (1) (a) (b) Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall establish and maintain a system for monitoring the matters set out in Schedule 3 not less than annually; and improving the quality of care provided in the day care setting. Ref: 5.2.2
	Response by registered person detailing the actions taken: Registered Person has completed the Annual Review of the Quality of Care on 13.06.2023 incorporating results submitted from Daycare Survey for family/carers issued on 14.03.2023 and Service User Satisfaction Survey issued on 17.05.2023.

Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021	
Area for improvement 1 Ref: Standard 13.1 Stated: First time To be completed by: 30 June 2023	The registered person shall ensure that the adult safeguarding champion position report is completed on an annual basis. Ref: 5.2.1
	Response by registered person detailing the actions taken: Adult Safeguarding Champion training completed by two staff members on 10.05.2023. One staff member identified as the Champion and one staff member identified as Deputy. Adult Safeguarding Champion report completed on 07.06.2023.
Area for improvement 2 Ref: Standard 21 Stated: First time To be completed by: Immediate from the date of inspection.	The registered person shall ensure staff are trained for their roles and responsibilities. Ref: 5.2.1
	Response by registered person detailing the actions taken: Training Matrix updated and revised to include all mandatory training. Medication management training completed by required staff on 26.04.2023 and 17.05.2023.
Area for improvement 3 Ref: Standard 21 (1) Stated: First time To be completed by: Immediate and from the date of inspection.	The registered person shall ensure staff who are newly appointed, agency staff, and students are required to complete a structured orientation and induction. Ref: 5.2.5
	Response by registered person detailing the actions taken: Induction updated to include: NISCC Induction Programme for Social Care Workers of 7 modules, Mandatory Training requirements, checklist of policies and procedures provided at Induction developed to include LCDI Employee Handbook and LCDI Health and Safety Handbook. Minium of 3 initial shifts shadowing an experienced and appropriate staff member. Initial performance appraisal completed in the first 6 months and no less than yearly thereafter.

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