

Inspection Report

25 May 2021



Limavady Community Development Initiative

Type of service: Day Care Services

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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 Responsible Individual: Mr James Cooke	Registered Manager: Mrs Gaynor Millar Date registered: 18 January 2018
Person in charge at the time of inspection: Registered manager	
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 announced inspection took place on 25 May 2021 at 09.30 am by the care inspector.

This inspection focused the Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to appropriate checks being undertaken before staff were supplied to the setting. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff. There were good governance and management oversight systems 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.

The inspection focused on:

- Contacting the service users and staff to find out their views on the service

- Reviewing a range of relevant documents, policies and procedures relating to the day care settings governance and management arrangements

4.0 What people told us about the service

We spoke with five service users and two staff including the manager.

We provided a number of questionnaires to service users and or relatives to facilitate comments on the quality of service provision. The returned questionnaires show good satisfaction levels. We noted some of the comments reviewed:

- “The service provides a valuable service to the local community.”
- “As a family we could not have coped without their assistance.”
- “***** and the staff have made a real difference to *****. Excellent service.”

In addition we received electronic survey feedback from a staff member who commented:

- “Limavady Day Care offers a fantastic service and I really enjoy working here. The manager is a great leader and is always there for support and guidance.”

Comments received during the inspection process:

Service users’ comments:

- “I love Wednesday, we are busy all the time.”
- “Activities are great fun.”
- “I’m happy proud of all my work.”

Staff comments:

- “We have a great team.”
- “We have all learned new skills.”
- “Good to discuss issues and plans.”

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 of the service was undertaken on 3 December 2019 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 settings provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Champions Position report for the centre has been formulated and was reviewed and was satisfactory.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns.

It was noted that staff are required to complete classroom based adult safeguarding training during their induction programme and annual updates thereafter. All records reviewed were in place.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The setting has a system for recording referrals made to the WHSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that no adult safeguarding referrals have been made since the last inspection.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided. The centre has provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

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 no incidents had been reported since the last inspection.

All staff had completed DoLS training appropriate to their job roles. Records reviewed clarified training. Discussion with staff clarified their knowledge of the subject.

Staff demonstrated that they have 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 (IPC) practices. Staff were observed adhering to guidance and were knowledgeable during discussions.

5.2.2 Are their robust systems in place for staff recruitment?

The review of the day care settings staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and direct engagement with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with the Northern Ireland Social Care Council (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 service does use a number of volunteers for various tasks. Files reviewed were in line with all policies and procedures and NISCC registrations were in place for volunteers.

5.2.3 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 agency's monthly monitoring were reviewed. The process included engagement with service users, service user's relatives and staff. The reports included details of the review of service user care records, accident/incidents; safeguarding matters, complaints, training, and staffing arrangements.

We noted some of the comments made by service users, staff and relatives during the monthly quality monitoring:

Service users:

- "I like it here."
- "Activities are good."
- "I am glad to be back."

Staff:

- "Good induction and supervision."
- "We communicate well with each other."
- "We provide a variety of activities."

Relatives:

- "Day care staff are great."
- "The staff work very hard."
- "Staff are very creative."

It was positive to note 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.

It was good to note that all service users had received an annual care review. We have noted some of their comments that reflect their thoughts about the quality of care provided:

- “I enjoy it here and look forward to coming.”
- “The centre is very good.”
- “I love coming here.”

There is a process for recording complaints in accordance with the day care settings policy and procedures. It was noted that no complaints had been received since the last inspection. This was supported during the inspector discussions with service users.

The manager confirmed that the centre had not received any specific recommendations from the Speech and Language Therapist (SALT) in relation to service users’ dysphagia needs to ensure the care received in the service was safe and effective.

Staff described their role in relation to reporting poor practice and their understanding of the centres policy and procedure on whistleblowing.

It was established during discussions with the manager that the centre had not been involved in any Serious Adverse Incidents (SAI’s)/Significant Event Analysis’s (SEA’s) or Early Alert’s (EA’s).

6.0 Conclusion

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

7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Gaynor Millar, manager, as part of the inspection process and can be found in the main body of the report.



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