

Inspection Report

12 April 2024



Limavady Community Development Initiative

Type of service: Day Care Setting

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0AQ

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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: Ann McNickle (application received)	Registered Manager: Miss Natasha Doherty (Acting)
Person in charge at the time of inspection: Miss Natasha Doherty	
Brief description of the accommodation/how the service operates: Limavady Community Development Initiative LTD 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 (WHST). The centre is open three days per week.	

2.0 Inspection summary

An unannounced inspection was undertaken on 12 April 2024 between 9.45 a.m. and 4.30 p.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 staff recruitment, monthly monitoring and record keeping.

Good practice was identified in relation to service user involvement.

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.

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 enjoy coming here. The staff are very good to me; if there is anything wrong, you can go to them and they will sort it out. I enjoy all the activities we do. I am involved in my support plan and I sign it. We are like a family here. The canteen is very good. We get a good hot meal. The day centre is nice and warm."
- "I love it here. The staff are good to me and listen to me. If I had any concerns, I would speak to the manager. The activities are good. We go through our support files every chance we get and update what we have done and plan to do."
- "I enjoy coming her. The staff are very good. I like doing the activities and meeting people. We do different activities when we are here."

Staff comments:

- "I complete arts and crafts with the service users. The manager is approachable, and I could speak to her if I have any concerns. I am currently completing my induction with the manager and I have started completing my NISCC workbook. It is a very compassionate and person centred service."
- "The service is well led by the manager. The manager is very involved with the clients and the staff. The manager's communication is very good and open; information is relayed to all the staff and the clients. I am aware to keep my NISCC registration up to date. I am completing my NISCC workbook. I get regular supervision and a yearly appraisal. I have no concerns about the service. We provide a person centred service for all the clients."

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

- “Very good place to be and meet people.”
- “It’s all very good, and I am happy here.”
- “Good, great. We have a good dinner.”

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 21 April 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 21 April 2023		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 26 (4) (f) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Following a review of the fire safety records, the inspector confirmed this area for improvement has been met.	
Area for Improvement 2 Ref: Regulation 16 (1) (a) (b) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Following a review of the Annual Quality Report, the inspector confirmed this area for improvement has been met.	

Action required to ensure compliance with the Day Care Settings Minimum Standards\z (revised), 2021		Validation of compliance
Area for Improvement 1 Ref: Standard 13.1 Stated: First time	The registered person shall ensure that the adult safeguarding champion position report is completed on an annual basis.	Met
	Action taken as confirmed during the inspection: Following a review of the Adult Safeguarding Position Report, the inspector confirmed this area for improvement has been met.	
Area for improvement 2 Ref: Standard 21 Stated: First time	The registered person shall ensure staff are trained for their roles and responsibilities.	Met
	Action taken as confirmed during the inspection: Following a review of the training records, the inspector confirmed this area for improvement has been met.	
Area for improvement 2 Ref: Standard 21 (1) Stated: First time	The registered person shall ensure staff who are newly appointed, agency staff, and students are required to complete a structured orientation and induction.	Met
	Action taken as confirmed during the inspection: Following a review of the staff induction records, the inspector confirmed this area for improvement has been met.	

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 Position report had been formulated and was reviewed and found to be satisfactory.

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 in normal business 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.

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

Staff were provided with training appropriate to the requirements of their role. 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.

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.

All staff had been provided with training in relation to medicines management. 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.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS.

Records examined identified that a number of safety checks and audits had been undertaken including weekly fire alarm testing. It was noted that a full fire evacuation drill was undertaken on the 9 April 2024. The annual Fire Risk Assessment had been reviewed and no actions were identified. During the inspection fire exits were observed to be clear of clutter and obstruction.

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. The inspector noted that not all the care plans had been kept up to date to reflect the service user's current needs. An area for improvement has been identified in this regard. Furthermore, a review of the risk assessments identified that they had not been kept under continual review. An area for improvement has been identified in this regard.

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. Some matters discussed included:

- Activities
- Gardening

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

Whilst none of the service users had swallowing difficulties, it was positive to note that staff had completed training in dysphagia and the management of a choking incident.

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 not all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before a staff member commenced employment and had direct engagement with service users. An area for improvement has been identified in this regard.

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 to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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 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 structured induction programme which also included shadowing of a more experienced staff member. Written records were retained by the day care setting of the person's capability and competency in relation to their job role.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

The inspector discussed the monitoring arrangements under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had not been undertaken since July 2023. An area for improvement had been identified in this regard.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

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. No complaints were received since the last inspection.

There was a system in place for managing instances where a service user did not attend the day centre as planned. This included a system for signing in and out the service users who attend.

It was discussed with the manager the need for transport staff or an identified person to check the vehicle at the end of each journey to ensure that no service users remained on the transport. The manager welcomed this advice and immediately implemented a system to record these checks.

The Statement of Purpose required updating with RQIA's contact details. The manager was signposted to Part 2 of the Minimum Standards, to ensure the Statement of Purpose included all the relevant information. The manager agreed to submit the revised Statement of Purpose to RQIA following the 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	2

The areas for improvement and details of the QIP were discussed with Miss Natasha Doherty, 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: 21(1)(2)(3) Stated: First time To be completed by: Immediate and ongoing from date of the inspection	The registered person shall not employ a person to work in the day care setting unless; subject to paragraph (3), he has obtained in respect of that person the information and documents specified on Schedule 2 Ref: 5.2.4
	Response by registered person detailing the actions taken: Recruitment process revised and updated to reflect Schedule 2 documentation required for employees.
Area for improvement 2 Ref: Regulation 28(1)(2)(3) (4)(5) Stated: First time To be completed by: Immediate and ongoing from date of the inspection	The registered person must ensure that the quality monitoring visits are undertaken at least once a month or as agreed with the Regulation and Improvement Authority. Ref: 5.2.6
	Response by registered person detailing the actions taken: Responsible Individual was contacted, and importance of monthly visits discussed, this was also discussed with new General Manager and process of monitoring these visits established. Responsible Individual made a visit to the centre on the 17.04.2024 and completed Template for Visits by a Registered Provider or Designated Person to a Daycare Setting.
Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021	
Area for improvement 1 Ref: Standard 4.4 Stated: First time To be completed by: Immediate and ongoing from date of the inspection	The registered person shall ensure assessments are kept under continual review, amended as changes occur and kept up to date to accurately reflect at all times the needs of the service user. Ref: 5.2.2
	Response by registered person detailing the actions taken: All assessments reviewed and amended with relevant signatures and dates. System developed to identify client, date of review and key worker responsible for client to ensure Standard 4.4 is met. This was related to RQIA Inspector via telephone on 23.04.2024. Revision of document and updated format is currently underway with clients input and

	recommendations, and all clients will be updated to the new format in the next few months. This will also ensure that management of changes/updates and signatures is more efficient.
Area for improvement 2 Ref: Standard 5.6 Stated: First time To be completed by: Immediate and ongoing from date of the inspection	<p>The registered person shall ensure the care plan is kept up to date and reflects the service user needs. Where changes are made to the care plan the service user, member of staff making the changes and the registered manager sign and date the revised care plan. Where the service user is unable or chooses not to sign any documents, this should be recorded and the basis of his or her agreement to participate noted.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All care plans reviewed and amended with relevant signatures and dates. System developed to identify review dates and key worker responsible for the client to ensure Standard 5.6 is met. This was related to RQIA Inspector via telephone on 23.04.2024. Revision of document and updated format is currently underway with clients input and recommendations, and all clients will be updated to the new format in the next few months. This will also ensure that management of changes/updates and signatures is more efficient.</p>

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