

Inspection Report

6 January 2022



Mainstay DRP

Type of service: Day Care Setting
Address: 1 Cumulus Heights, Ballyvange, Downpatrick, BT30 6WE
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Mainstay DRP	Registered Manager: Ms. Nicola Trainor
Responsible Individual: Dr Patrick Moore (Acting) – No application submitted	Date registered: 20 March 2018
Person in charge at the time of inspection: Ms. Nicola Trainor	
Brief description of the accommodation/how the service operates: This is a Day Care Setting that provides day care for service users who have a learning disability living in the South Eastern Health and Social Care Trust (SEHSCT) area. The settings registration allows for up to 80 service users to be at the day centre daily to receive care and support and take part in day time activities. The centre is open Monday to Friday.	

2.0 Inspection summary

An unannounced inspection was undertaken on 6 January 2022 between 10.10 a.m. and 5.00 p.m by two care inspectors.

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

On the day of the inspection service user give positive feedback on the standard of care and support provided.

Evidence of good practice was found in relation to the provision of person centred care, communication between service users and staff and the management of adult safeguarding concerns. Good practice was identified in relation to recruitment processes and appropriate checks being undertaken before staff were supplied to day care settings. Good practice was also found in relation to the system in place of disseminating Covid-19 related information to staff.

One area requiring improvement identified during the inspection in relation to safe storage of Control of Substances Hazardous to Health (COSHH) products.

The findings of this report will provide the day care setting 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 the inspection we reviewed the information held by RQIA in relation to the day care setting, including the previous inspection report, the quality improvement plan (QIP) and any written and verbal communication received since the previous care inspection.

The inspection focused on:

- speaking to service users, staff and HSCT representatives 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 five service user's and two staff. The information provided by the service users and staff during the inspection indicated that there were no concerns in relation to the day care settings, the standard of care and support provided.

In addition we received questionnaires from service users/relatives and electronic survey feedback from staff and Trust representatives. Comments received were discussed with the manager on 21 January 2022 to action where appropriate.

Comments received during the inspection process included:

Service users' comments:

- "Happy here."
- "Feel safe."
- "Come every day."

Staff comments:

- “The induction was grand.”
- “I received all the core training.”
- “I know where to access the policies.”
- “There is always PPE
- “The management listen to me.”
- “There is good staff morale.”
- “The service users are treated with dignity, respect and compassion. The service users have choice.”
- “There is good energy. It’s a good place to work.”
- “I feel supported by the management team”
- “If there were concerns, I know I would be listened to.”

Trust representatives comments:

- ‘Mainstay DRP day services is a very much valued service provision for the clients and families that avail of same’.
- ‘Excellent Day care service. Service is well lead. I have always found the Day centre a vibrant and happy place. Staff friendly & approachable with an abundance of skills combined within the team. I have witnessed the team work tirelessly to ensure the safety of the service users throughout the COVID pandemic and all with a smile. Cannot fault the service. I hope the Day-centre continues to be as diverse and innovative as it has been.’

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 Mainstay DRP was undertaken on 23 July 2019 by a care inspector; one area for improvement was identified. A QIP was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 23 July 2019		
Action required to ensure compliance with Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for Improvement 1 Ref: Standard 17.2, 17.9 and 17.10	The registered person shall ensure that the governance reports, which reflect the quality of care/support and other services provided by the day centre, clearly identify what is pertinent to the day centre within the corporate document/s. Ref: 6.7	Met

	<p>Action taken as confirmed during the inspection: Inspectors confirmed the Service Quality Evaluation Report has been updated and is service specific, at the time of inspection.</p>	
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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 annual Adult Safeguarding Position report for the agency had been formulated and was reviewed.

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 with respect to service users' wellbeing and poor practice.

It was noted that staff are required to complete online adult safeguarding training during their induction programme and annual 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 agency's policy and procedure with regard to whistleblowing.

The agency had a system for retaining a record of referrals made to the HSCT in relation to adult safeguarding.

Service user 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. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

There were systems in place to ensure that all 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 agency's policy and procedures.

The manager provided assurances that the day care staff are sufficiently qualified, competent and experienced in order to meet the assessed needs of the service users, taking into account the size and layout of the premises, fire safety requirements and the statement of purpose for the number of service users accommodated. A review of the staffing roster and observation during the inspection evidenced that the planned staffing levels were adhered to and sufficient to meet the assessed needs of service users.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. 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 evidence in service users' records that service users who required a level of supervision, had arrangements in place to ensure that their capacity was considered and, were appropriately, assessed with the relevant documentation in place.

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

During the inspection the environment was observed and there was evidence of infection prevention and control measures (IPC) in place such as Personal Protective Equipment (PPE) which was available for staff. Temperature checks and contact tracing in line with Covid-19 guidance were obtained on entry to the day care setting. Other IPC measures were in place, which included supplies of liquid soap and hand towels. Hand sanitisers were strategically located throughout the day care setting. Staff were observed adhering to guidance and were knowledgeable about IPC measures during discussions

The environment was warm, clean, fresh smelling and had suitable lighting. There is a small garden area which service users have access to. A range of service users' art and pottery are on show throughout the day centre.

It was observed that COSHH substances were found to be in unlocked cupboards which were accessible to service users. An area for improvement was made in this regard.

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 identified a number of service users who required assistance with eating and drinking due to having swallowing difficulties; some of whom required their food and drinks to be of a specific consistency. Review of the records identified that the risk assessments were not consistently reflected in the care plans. It was noted in these files that the SALT guidance level and assessment date hadn't been populated onto the support plan. However, following discussions with the manager and within an agreed timeframe, the manager forwarded assurances to RQIA that all care plans were updated to reflect SALT level recommendations and their date of review. These will be reviewed at the next inspection.

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). It was established and positive to note that all staff had completed training in Dysphagia.

5.2.3 Are their robust systems in place for staff recruitment?

A review of the staff recruitment records confirmed that recruitment was completed in conjunction with the organisation's Human Resources (HR) department. Review of staff recruitment records confirmed that recruitment was managed in accordance with the Regulations and Minimum Standards, before staff member's commenced employment and had direct engagement with service users. Records reviewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided were appropriately registered with NISCC. Information regarding registration details and renewal dates was 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 confirmed 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 Setting Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service users' relatives, staff and HSCT 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.

There was a process for recording complaints in accordance with the agency's policy and procedures. It was noted that complaints received since the last inspection had been managed in accordance with the organisation's policy and procedures and were reviewed as part of the agency's monthly quality monitoring process.

Discussions with the manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff receive support and guidance. This includes staff supervision, appraisals and team meetings in line with their policy and procedures.

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 Alerts (EAs).

6.0 Conclusion

Based on the inspection findings, one area for improvement was identified; this related to ensuring safe care and a well led service. Service users were found to be receiving effective and compassionate care.

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 2012.

	Regulations	Standards
Total number of Areas for Improvement	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Nicola Trainor, Registered 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 Settings Minimum Standards 2012	
Area for improvement 1	The registered person shall store COSHH products in a safe manner, and ensure safe and healthy working practices are promoted within the day care setting.
Ref: Standard 27.3	
Stated: First time	Ref: 5.2.1
To be completed by: Immediate and on-going from the date of the inspection	Response by registered person detailing the actions taken: All COSHH products are locked away and only staff can access them. Their security is subjected to a weekly audit.

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



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