

Inspection Report

19 October 2021



Newington Day Centre

Type of Service: Day Care Service
Address: 31-35 Atlantic Avenue, Belfast, BT15 2HN
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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: Newington Day Centre	Registered Manager: Mrs Margaret McCrudden
Responsible Individual: Mr Paul Strain	Date registered: 1 April 2010
Person in charge at the time of inspection: Mrs Margaret McCrudden	
Brief description of the accommodation/how the service operates: Newington Day Centre is a day care setting with 50 places that provides care and day time activities for older people and people living with symptoms of physical disability, mental illness, addictions or significant social and emotional needs. The day care setting operates Monday to Friday and is closed on statutory holidays.	

2.0 Inspection summary

An announced inspection was undertaken on 19 October 2021 between 10.00 a.m. and 4.40 p.m. by the care inspector.

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

An area for improvement stated at the last inspection with regard to quality monitoring was assessed as partially met and will be stated for a second time. In addition, five areas requiring improvement were identified with regard to Infection Prevention and Control (IPC), staff training and registration with NISCC and/or the NMC and the adult safeguarding position report.

Good practice was found in relation to system in place for disseminating Covid-19 related information to staff.

The findings of this report will provide the registered individual and the manager 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 the service was 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 inspection we reviewed the information held by RQIA about this day care setting. This included the previous inspection report and Quality Improvement Plan (QIP) and any written and verbal communication received since the previous care inspection.

The inspection focused on reviewing a range of relevant documents, policies and procedures relating to the day care setting's governance and management arrangements. This included reviewing how care staffs' registrations with the NISCC and/or the NMC were monitored.

We discussed any complaints and incidents during the inspection with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of services in the day care setting. This included service user/relative questionnaires and a staff poster. No responses were received within the timescale requested: There were no responses to the electronic survey.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with 11 service users, three relatives and three staff. We observed a number of service users being supported by staff to participate in a range of activities. Service users appeared relaxed and comfortable in the environment.

The information provided by service users, relatives and staff during the inspection indicated that there were no concerns in relation to the day care setting.

Comments received during inspection process included:

Service users' comments:

- "I am happy, this is a great place."
- "Staff are great; I have no problems here."
- "I enjoy coming here; it gets you out and it is nice to chat to others."
- "It is a lovely place and the food is great. I love coming, they are nice staff and they are good to you."
- "I missed here when it was closed."
- "I have no issues."
- "I have been coming over 20 years; it is good to get out of the house."

- “I have no complaints, I can talk to staff if any problems.”

Relatives' comments:

- “Great place, my wife is really happy. Any problems I speak to ***** (manager). The manager and staff are excellent.”
- “My wife is well looked after; we couldn't do without it. “
- “Great difference in my mummy's mood since coming here. Staff are excellent and my mummy enjoys coming.”
- “The manager and staff give me advice and support and helped with an extra day when I was on holiday.”
- “No issues at all, everything is good.”
- “Really happy, this is my lifeline. I couldn't cope without it.”
- “The staff are so good and my mother loves it. I have no problems at all with Newington.”

Staff comments:

- “Great place to work, I enjoy my job.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 13 November 2019		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 28 (4) and (5) Stated: First time To be completed by: 31 December 2019	The registered person shall ensure: (a) The report of the monthly visit is further developed and provides an overview of the effectiveness and quality of the care delivered. (b) A copy of the report should be submitted to RQIA each month until March 2020. Ref: 6.7	Partially met
	Action taken as confirmed during the inspection: This area for improvement was assessed as partially met and is stated for a second time.	

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 outlined the procedure for staff in reporting concerns. The organisation has not completed an annual Adult safeguarding report. An area for improvement was identified.

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

It was identified that care staff are required to complete adult safeguarding training during their induction programme and required annual updates thereafter. However it was identified from discussions with the manager that ancillary staff including volunteers had not completed safeguarding training. An area for improvement was identified.

Staff spoken with 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 day care setting's policy and procedure with regard to whistleblowing.

The day care setting has a system for retaining a record of referrals made in relation to adult safeguarding matters. Records viewed and discussions with the manager indicated that no referrals had been made with regard to adult safeguarding since the last inspection.

The day care setting has provided service users and their relatives with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

Staff advised that there was enough staff to ensure the safety of the people who used the service. Observation of the delivery of care at the time of inspection and discussion with staff evidenced that service users' needs were effectively met by the number of staff on duty.

A record is retained of incidents and accidents that occur in the service they are reviewed and audited by the manager. There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

A review of staff training information and discussions with the manager identified that a number of staff were required to complete a fire safety training update and DoLS training. An area for improvement was identified. We discussed with the manager the need to ensure that staff training information is accurate and up to date; this will be reviewed at the next inspection.

Staff demonstrated that they had a good understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

There are arrangements in place to ensure that service users who require high levels of supervision or monitoring and restriction have had their capacity considered and where appropriate assessed.

It was identified that one service user is currently subject to DoLS; the care records viewed contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representatives.

On entering the day care setting the inspector's contact tracing details and temperature were obtained, staff advised that this is completed for all persons entering the day care setting in line with current Covid-19 guidelines.

The environment was observed during the inspection and there was evidence of IPC measures in place such as Personal Protective Equipment (PPE) which was available for staff. Other IPC measures were in place, which included hand hygiene guidance notices being positioned at wash hand basins, supplies of liquid soap and hand towels and foot pedal operated bins. We discussed with the manager the damage to material on the arms on a number of chairs currently in use within the day care setting and the advised of the concern with regards to IPC matters. An area for improvement was identified.

Observations of the environment concluded that it was fresh smelling and clean throughout. There was a good supply of PPE throughout the service. Rooms were spacious and it was noted that social distancing guidelines were being adhered to.

There was information displayed throughout the day care setting to remind staff of good hand washing procedures.

There was a good system in place to share information relating to Covid-19 and IPC practices. Staff were observed adhering to guidance and were knowledgeable about IPC during discussions. Staff discussed how they had adapted activities during the pandemic to reduce the risk of transmission of the virus.

5.2.2 Are their robust systems in place for staff recruitment?

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

Discussions with the manager and staff confirmed staff working in the day care setting were currently registered with NISCC. However, it was identified that there is no process in place for the ongoing review and monitoring of staff registration status. An area for improvement was identified.

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

Discussions with staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting. Staff were implementing the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

It was noted that a small number of service users have been assessed by SALT in relation to dysphagia needs and specific recommendations made with regard to their individual needs in respect of food and fluids. Staff spoken with demonstrated a good knowledge of service users' wishes, preferences and assessed needs; and how to modify food and fluids. It was identified that the care plan for one service user was required to be updated to reflect SALT recommendations; this was completed during the inspection.

5.2.4 Are there robust governance processes in place?

The arrangements for monitoring the quality of the service provided in accordance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007 were reviewed. Quality monitoring visits had been undertaken by members of the board. A sample of reports viewed for June, July and August 2021 provided evidence that the monitoring process included engagement with service users, relatives and staff. The reports included details of the review of service user care records and accident/incidents.

An area for improvement with regard to the quality monitoring process made at the last inspection was assessed as partially met and is stated for a second time. We discussed with the manager the need to further develop the reports to include details of the review of staffing arrangements including recruitment, training and registration with NISCC, and adult safeguarding and DoLS.

There is a process for recording complaints in accordance with the day care setting's policy and procedures. It was noted that the no complaints had been received since the last inspection. Discussion with staff confirmed that they knew how to receive and deal with complaints and the process for ensuring the information was forwarded to the manager.

There was a system in place to ensure that staff received supervision and appraisal in accordance with the day care settings policies and procedures. It was noted that during the Covid-19 pandemic supervision has mainly been provided in a group setting.

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

An area for improvement stated at the last inspection with regard to quality monitoring was assessed as partially met and will be stated for a second time. Based on the inspection findings

a further five areas for improvement were identified with regard to IPC, staff training and registration with NISCC and/or the NMC and the adult safeguarding position report.

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 Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, January 2012

	Regulations	Standards
Total number of Areas for Improvement	2*	4

* the total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mrs Margaret McCrudden, 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 Setting Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 28 (4) and (5)</p> <p>Stated: Second time</p> <p>To be completed by: 31 December 2019</p>	<p>The registered person shall ensure:</p> <p>(a)The report of the monthly visit is further developed and provides an overview of the effectiveness and quality of the care delivered.</p> <p>(b)A copy of the report should be submitted to RQIA each month until March 2020.</p> <p>Ref: 6.7 & 5.2.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A copy of the monthly visits was reviewed by the Board of Newington Day Centre, to further comply with RQIA regulations the four board members completing the reports downloaded the template from RQIA's website in relation to day care visits and completed them from the request for additional effectiveness of the service. The manager discussed this with the inspector on the day, who stated RQIA are reviewing the current template for Day Care reports</p> <p>B, The board from Newington Day Centre submitted monthly reports to RQIA for six months as requested. They received no feedback or any further requests for any information to be added to the reports. They are happy to complete any new forms provided by RQIA or the visiting inspector. The board from the</p>

	centre continued to complete monthly reports each month from the start of this pandemic..
Area for improvement 2 Ref: Regulation 13. (7) Stated: First time To be completed by: Immediate and ongoing from the date of inspection	<p>The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection in the day care setting.</p> <p>This relates specifically to armchairs currently in use in the day care setting.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The armchairs in question have been removed, however the manager had discussed the damage caused to furniture by the constant sanitation with the inspector on the day of the inspection. With the support of Trust Funds Newington Day Centre spent over £16,000 to safely reopen the centre after the first lock down. This included recovering numerous chairs and having washable covers made. We have beautiful Parker Knoll chairs which unfortunately we cannot use during the current pandemic. The management and staff of the centre have gone above and beyond throughout this pandemic to deliver safe face-to-face services to older people and their carers.</p>
Action required to ensure compliance with The Day Care Settings Minimum Standards, January 2012	
Area for improvement 1 Ref: Standard 13.7 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	<p>The registered person shall ensure that an Adult Safeguarding Position Report is completed annually.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The Manager of the centre has never been ask by anyone to complete an annual Safe Guarding report. If we have a safe guarding issue we discuss this with the appropriate person. Concerns can be recorded to the BHSCT on a monthly monitoring return as per our contract. This report will be completed at the end of each reporting year 31st March.</p>
Area for improvement 2 Ref: Standard 13.4 Stated: First time To be completed by:	<p>The registered person shall ensure that staff have completed training and can demonstrate knowledge of safeguarding.</p> <p>This relates specifically to ancillary staff and volunteers.</p> <p>Ref: 5.2.1</p>

<p>Immediate and ongoing from the date of inspection</p>	<p>Response by registered person detailing the actions taken: All staff complete mandatory safe guarding training as per RQIA day care settings, this includes ancillary staff. The discussion on the day of the inspection was particularly in relation to our care taker who has limited or no contact with our members due to his hours of work. In relation to our volunteers under normal circumstances they receive awareness training in several areas. The inspector was advised we had only recently introduced a few volunteers back to the centre. This was to protect our members and reduce footfall at the centre. The inspector met one volunteer on the day, he had completed his safeguarding training provided by the clinical education centre.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 21.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that Mandatory Training requirements are met.</p> <p>This relates specifically to Fire safety, and DoLS training.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The manager discussed the fire safety training with the inspector during the inspection. Throughout this pandemic the manager has insured as far as safely practical every inspection relating to the centre has been kept up to date. She was aware of the need for the fire safety training and as per the fire risk assessment had been planned and was delivered on Monday and Tuesday the 25th and 26th of October. The DOLS training has been arranged for early January. Staff are aware of DOLS as it formed part of previous mappa training. Some staff had completed this training/ Mental Capacity act during the first lockdown. The manager's understanding was Dols assessments had been deferred by Trusts until May 2021 due to the pandemic and the lack of face-to-face service provision.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 21.6</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that arrangements are in place to ensure that care workers are able to maintain their registration with the appropriate professional regulatory body.</p> <p>This relates specifically to the development of a robust system for regularly monitoring staff registration status with NISCC/NMC.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All care staff at Newington Day Centre have been registered with NISCC as a matter of good practice even prior to this being compulsory. This was the first time the manager was ask to provide a paper list of staff registered with NISCC. We usually</p>

	<p>login the employers portal to check registration and when fees are due. The Manager discussed this with the inspector and explained we had a new person recently added as a authenticator and NISCC were working to sort her access as she had temporarily been blocked. Following a further discussion with NISCC this was sorted on the day. Staff were more aware than usual this year regarding their registration as NISCC were not sending out reminders. Staff at Newington Day Centre are a longstanding well trained team. They are offered every opportunity to participate in all training and supported financially by the Department of Health and the OSS to complete qualifications..</p>
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