

Inspection Report

23 September 2021



Age NI

Type of service: Day Care Setting
Address: 2-4 Little Scotch Street, Dungannon, BT70 1AP
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

| | |
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| Organisation/Registered Provider: Age NI | Registered Manager: Mrs Patricia Kearney |
| Responsible Individual: Ms Linda Robinson | Date registered: 26 May 2009 |
| Person in charge at the time of inspection: Mrs Patricia Kearney | |
| Brief description of the accommodation/how the service operates: This is a day care setting that provides care and support for a maximum of 15 service users daily. A programme of day care and day time activities is delivered Monday to Friday for adults who are over 65 and may have a diagnosis of dementia. | |

2.0 Inspection summary

An unannounced care inspection took place on 23 September 2021 from 10.10 a.m. to 2.15 p.m.

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

One area for improvement was identified during the inspection in relation to the environment.

Good practice was identified in relation to staff training and the monitoring of care staffs' registrations with the NISCC. 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.

The findings of this report will provide the establishment 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 inspection we reviewed the information held by RQIA in relation to the day care setting. This included the previous inspection report and any written and verbal communication received since the previous care inspection.

During our inspection we focused on speaking with the service users and staff to find out their views on the service.

The inspection also focused on reviewing a range of relevant documents, policies and procedures relating to the day care setting's governance and management arrangements. This included checking how care staffs' registrations with the NISCC 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. Ten service users' questionnaires were returned to RQIA within the timeframe for inclusion in this report. All respondents indicated that they were very satisfied that the care being provided to service users was safe, effective, compassionate and well led. No staff responses were received.

We requested that the manager place a 'Have we missed you' card in a prominent position in the day care setting to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received.

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

4.0 What people told us about the service

The information provided by service users during the inspection indicated that there were no concerns in relation to the day care setting. All confirmed that they were very satisfied with the standard of care and support provided. The inspector spoke with two service users, the head of care and two staff including the manager.

Comments received during inspection process included:

Service users' comments:

- "Lovely place to come; staff are very good to me always."
- "I am kept safe here."
- "Staff always wear their masks."

- “You couldn’t make this place better; it’s the best you’ll get.”
- “Great staff; kind staff.”
- “I get to choose what I want to do when I am here.”

Staff comments:

- “We are a small team and work very well together.”
- “Age NI offer very good training and we are reminded when training is due.”
- “I have done my DoLS training and know what restrictive practice is.”
- “We currently do not have any service users with dysphagia needs but we did in the past. I have had dysphagia awareness training.”
- “No DoLS in place.”
- “Care and support is person centred and we value everyone as an individual.”

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 Age NI was undertaken on 28 October 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 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).

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.

It was confirmed that care staff were required to complete adult safeguarding training during their induction programme and regular updates thereafter.

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 day care setting’s policy and procedure with regard to whistleblowing.

The day care setting had a system for retaining a record of referrals made to the relevant Health and Social Care Trust 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. Adult safeguarding matters were reviewed as part of the quality monitoring process.

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

Service users and staff advised that there was enough staff to ensure the safety of the people who used the service.

There were systems in place to ensure that notifiable events were recorded, investigated and reported to RQIA or other relevant bodies appropriately.

Staff were provided with training appropriate to the requirements of their role. This included DoLS training. Staff had an 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. The manager confirmed that no restrictive practices were used in the day care setting.

The environment was observed during a of the day care setting and there was evidence of infection prevention and control measures in place such as Personal Protective Equipment (PPE) which was available for staff. Other infection prevention and control measures were in place, which included seven step hand hygiene notices positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins. Hand sanitisers were strategically located throughout the day care setting. There were numerous laminated posters displayed throughout the day care setting to remind staff of good hand washing procedures and the correct method for donning (putting on) and doffing (taking off) PPE.

Discussion with the manager and staff identified that they had a good understanding of the procedure to follow in the event of service users or staff being diagnosed with Covid-19. We discussed the provision of mandatory training specific to IPC measures with staff. Staff confirmed that they had undertaken IPC training and that the training provided them with the necessary skills and knowledge to care for and support service users. A review of staff training records confirmed that staff had received training in IPC and Covid-19 awareness including the donning and doffing of PPE. The manager confirmed that management were monitoring progress with overall mandatory training to ensure full compliance.

Staff described how they wore PPE for activities that brought them within two metres of service users. The staff members spoken with reported that there was an appropriate supply of PPE and sufficient bins available to allow the safe disposal of PPE.

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.

An inspection of the environment was undertaken and confirmed that it was appropriately warm, had suitable lighting and furniture and no mal odour was noted. The following deficits were noted:

- The identified kitchen kickboard was worn and damaged

- The identified storage heater had areas of rust present
- Determine the cause of the staining on the kitchen area ceiling and wall.

These issues have been identified for an area for improvement.

5.2.2 Are their robust systems in place for staff recruitment?

The manager advised that there were no newly recruited staff to the day care setting and that the staff team had all worked in the day care setting for a number of years. The manager confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and direct engagement with service users.

A review of records confirmed all staff working in the day care setting were 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 minimum standards. The manager confirmed that all staff were aware that they were not permitted to work if their professional registration was to lapse.

Discussion with staff confirmed that they were registered with NISCC. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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

The discussions with the manager and staff confirmed that no service users require assessment by the SALT in relation to dysphagia needs. The manager advised that he was 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 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. Quality monitoring visits had been undertaken by a monitoring officer. A sample of reports viewed provided evidence that the monitoring process included engagement with service users, service users' representatives and staff, also that the conduct of the day care setting was examined and that action plans for improvement were developed, if necessary.

Quality monitoring reports also included review of service user care records; accident/incidents; safeguarding matters; complaints; staff training, and NISCC registrations.

There was a process for recording complaints in accordance with the day care setting's policy and procedures. The manager confirmed that no complaints were received since the date of the last inspection.

Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the manager was made aware of any complaints.

Discussions with staff evidenced that they were knowledgeable regarding service users' individual needs. Staff also demonstrated awareness of the need for person-centred interventions which facilitate engagement with service users and promote effective communication and social engagement.

Discussions with the manager and staff described positive working relationships in which issues and concerns could be freely discussed; staff reported they were confident that they would be listened to. In addition, staff confirmed that they felt supported by management.

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 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 and discussions held with the manager, staff and service users, RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the manager.

One area for improvement was identified during the inspection in relation to the environment.

The inspector would like to thank the head of care, the manager, service users and staff for their support and co-operation throughout the inspection process.

7.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of Areas for Improvement | 1 | 0 |

An area for improvement and details of the Quality Improvement Plan were discussed with Mrs Patricia Kearney, manager and the head of care, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007 | |
| <p>Area for improvement 1</p> <p>Ref: Regulation 26 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2022</p> | <p>The registered person shall, having regard to the number and needs of the service users, ensure that the premises to be used as the day care setting are of sound construction and kept in a good state of repair internally and externally. The following deficits must be addressed:</p> <ul style="list-style-type: none"> • The identified kitchen kickboard was worn and damaged • The identified storage heater had areas of rust present • Determine the cause of the staining on the kitchen area ceiling and wall. <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The Manager contacted the Agent for the landlord and he has agreed to undertake all the necessary work asap. A contractor has been out to assess the work required and has agreed to commence this work in the next two weeks.</p> |

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