

Inspection Report

9 December 2022



Age NI

Type of service: Day Care Setting
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Age NI Responsible Individual: Ms Linda Robinson	Registered Manager: Ms Michelle Quigley Date registered: Acting
Person in charge at the time of inspection: Senior Day Care Worker	
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, Tuesday and Friday for adults who are over 65 and may have a diagnosis of dementia.	

2.0 Inspection summary

An unannounced inspection was undertaken on 9 December 2022 between 10.30 a.m. and 3.30 p.m. The inspection was conducted by a care inspector.

The inspection examined the day care setting'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, dysphagia management and Covid-19 guidance was also reviewed.

Areas for improvement identified related to management of diabetes training, the completion of risk assessments, staff competency and capability assessments, the Statement of Purpose and Service User Guide.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

We would like to thank the person in charge, service users and staff for their support and co-operation throughout the inspection process.

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.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic staff survey.

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:

- "Staff are wonderful and are always so pleasant."
- "I enjoy coming to the day centre; staff are always welcoming."
- "Staff always listen to what I have to say."
- "No suggestions to improve the day centre; all good here."
- "I love coming here as it is the highlight of my week."

Staff comments:

- "I am always informed of any changes in regards to the service users."
- "The manager is very approachable and supportive."
- "I have access to all policies and procedures and care records."
- "Service users are well cared for; they are our priority."

There were no responses to the electronic staff 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 23 September 2021 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 23 September 2021		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 26 (2) (b) Stated: First time	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: <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. 	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the person in charge confirmed that this area for improvement had been addressed. A tour of the day care setting evidenced that this area for improvement had been addressed.	

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 person in charge 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. 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.

Records viewed and discussions with the person in charge 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 day care setting had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

A review of accident/incident records evidenced that no accidents/incidents had occurred since the last inspection.

The person in charge 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.

The person in charge advised that no service users required their medicine to be administered with a syringe. The person in charge 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 Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles.

The person in charge reported that none of the service users were subject to DoLS. Advice was given in relation to developing a resource folder containing DoLS information which would be available for staff to reference.

Discussion with the person in charge identified a number of service users had diabetes. Review of staff training records and discussion with the person in charge confirmed that staff had not completed training in the management of diabetes including hypoglycaemia and hyperglycaemia. An area for improvement has been made in this regard.

A review of the day care setting's environment was undertaken and the day care setting was found to be fresh smelling and clean throughout. Fire exits were observed to be clear of clutter and obstruction.

We identified an oil filled radiator which was excessively hot to touch and posed as a significant risk if a service user was to touch the surface. Discussion with the person in charge confirmed that a hot surface risk assessment was not in place. We identified potential trip hazards from trailing leads in the dining area and the staff office. Discussion with the person in charge confirmed that a risk assessment was not in place. These areas were discussed in detail at inspection feedback and identified as an area for improvement.

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 positive 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. Care and support plans are kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also 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:

- Staffing arrangements
- Activities
- Meals

The day care setting had completed an annual review in relation to their practice which incorporated service user and their representatives' feedback (Regulation 17). The person in charge advised that this report was disseminated to all of the service users, in a format which best met their communication needs.

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

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI).

Whilst none of the service users had swallowing difficulties it was positive to note that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

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 all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. 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 and by the monitoring officer during their monthly monitoring visit to the day care setting. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no volunteers working in the day care setting.

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 all 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 robust, structured induction programme in place.

Discussion with the person in charge revealed that a competency and capability assessments had not been completed. A competency and capability must be completed for any person who is given the responsibility of being in charge of the day care setting for any period in the absence of the registered manager. An area for improvement has been made in this regard.

A review of the records pertaining to Regulation 20 of The Day Care Settings Regulations (Northern Ireland) 2007 and Standard 21 of The Day Care Settings Minimum Standards 2021 relating to staff also identified that they had been recruited, inducted and trained in line with the regulations.

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?

There were monthly monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's monthly quality monitoring established that there was engagement with service users, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; NISCC registrations, safeguarding matters; staff recruitment and training, and staffing arrangements.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

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. The review of records and discussion with the person in charge confirmed that no complaints were received since the date of the last inspection.

Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.

Review of the staff duty roster and discussion with the person in charge confirmed that the day care setting was currently operational three days per week from October 2022. The Statement of Purpose and the Service User Guide had not been updated to reflect the change of days of operation nor did these documents accurately reflect the staffing compliment. RQIA had not been informed of the change of operational arrangements. An area for improvement has been made in this regard.

We discussed the acting management arrangements which have been ongoing since 9 November 2022; RQIA will keep this matter under review.

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

Areas for improvement and details of the QIP were discussed with the Head of Care, via telephone, 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 26 (2)(n)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>The registered person shall, having regard to the number and needs of the service users, ensure that a risk assessment to manage health and safety is carried out and updated when necessary.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: A risk assessment to manage health and safety has been carried out and will be updated as necessary.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 7 (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: 9 January 2023</p>	<p>The registered person shall keep under review and, where appropriate, revise the statement of purpose and the service user's guide; and notify the Regulation and Improvement Authority and service users or their representatives of any such revision within 28 days.</p> <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken: Statement of purpose and service user guide has been revised and shall be reviewed and revised as necessary. RQIA will be notified within the specified time period.</p>
Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021	
<p>Area for improvement 1</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>The registered person must carry out a competency and capability assessment with any person who is given the responsibility of being in charge of the day care setting for any period of time in the absence of the registered manager.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: A competency and capability assessment for any person bring in charge of the day centre has been completed.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 21.4</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2023</p>	<p>The registered person shall ensure that the training needs of individual staff for their roles and responsibilities are identified, and arrangements are in place to meet them.</p> <p>This relates specifically to the management of diabetes training.</p> <p>Ref: 5.2.1</p>

	<p>Response by registered person detailing the actions taken: Training for all staff in the management of diabetes will be arranged within the specified timeframe.</p>
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