

Inspection Report

29 September 2023



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

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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: Age NI is a day care setting that is registered to provide care and day time activities for up to 15 service users. The service meets the needs of adults who are 65 and over. The day care setting is open Monday, Tuesday, Thursday and Friday. | |

2.0 Inspection summary

An unannounced inspection was undertaken on 29 September 2023 between 9.45 a.m. and 2.30 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 and dysphagia management was also reviewed.

No areas for improvement were identified during this inspection.

All service users spoken with indicated that they were very happy with the care and support provided by the staff. Comments received from service users and staff are included in the main body of this report.

Evidence of good practice was found in relation to communication between service users and day care setting staff; the provision of compassionate care; staff training and the monitoring of staffs' registration with the Northern Ireland Social Care Council (NISCC).

We would like to thank the manager, 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:

- "This is a lovely place to come. Staff are so friendly and always greet you with a smile. When I come in to the centre I get a cup of coffee and toast."
- "All is good here. I can't think of anything that would make the centre better."
- "The staff are fantastic. They always take time to listen to you and I am offered choice in all that I do here such as meals and activities."
- "I love coming to the centre. The staff are second to none; they are always friendly, welcoming and approachable. If I had any concerns, I could talk to the staff."

Staff comments:

- "All service users are treated with the greatest of respect and we promote independence at all times. Service users are given choice in all that they do."

- “We are a very small team and we work well together; very good working relationships.”
- “I have completed a competency assessment. All my training is up to date including DoLS and Dysphagia.”

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

- “Very good.”

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 on 9 December 2022 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 9 December 2022 | | |
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| 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) (n) Stated: First time | 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. | Met |
| | Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. No trailing leads were observed during the inspection. Risk assessments were in place, as appropriate. | |
| Area for Improvement 2 Ref: Regulation 7 (a) (b) Stated: First time | 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. | Met |

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| | <p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. RQIA received a variation application on 13 December 2022.</p> | |
| Action required to ensure compliance with the Day Care Settings Minimum Standards (revised), 2021 | | Validation of compliance |
| <p>Area for Improvement 1 Ref: Standard 23.3 Stated: First time</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>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. A competency and capability assessment had been completed for any person in charge of the day care setting in the absence of the registered manager.</p> | Met |
| <p>Area for improvement 2 Ref: Standard 21.4 Stated: First time</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>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of staff training records confirmed that staff had completed training in the management of diabetes.</p> | |

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

Discussion with the manager confirmed that there were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Staff consulted with on the day of inspection spoke positively about the training they receive and confirmed that they received sufficient training to enable them to fulfil the duties and responsibilities of their role and that training was of a good standard. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as complaint handling, first aid, fire safety, dementia awareness and moving and handling.

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.

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 (Northern Ireland) 2016 (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 DoLS training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS.

The day care setting was found to be warm, fresh smelling and clean throughout. 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 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. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant.

It was also positive to note that the day care setting had service users' meetings on a regular basis which enabled the service users to discuss what they wanted from attending the day care setting and any activities they would like to become involved in. Some matters discussed included activities, transport arrangements and meals.

Discussion with the staff and service users provided assurance that the staff had responded to service users' wishes, feelings, opinions and concerns with the aim of ensuring service users received an effective service.

Discussions between service users and staff were observed on the day of the inspection; staff encouraged service users to discuss their preferences and engaged with them in an effort to develop their cognitive, physical and social skills through discussion and activities.

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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of service users. During the lunchtime meal the atmosphere was calm, relaxed and unhurried. Staff had made an effort to ensure service users were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals being offered; the food was attractively presented and smelled appetising, and good portions were provided. Service users told us they very much enjoyed the

food provided in the day care setting. Appropriate supervision and support was readily available from staff.

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 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.

There were no volunteers deployed 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 in place which included shadowing of a more experienced staff member.

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; safeguarding matters; staff recruitment and training, and staffing arrangements.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) 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 settings policy and procedure. Records reviewed and discussion with the manager indicated that no complaints had been made since 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. Samples

of compliments were available for review and evidenced a high level of satisfaction with the service provided.

Discussions with staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included the availability of continuous update training alongside supervision/appraisal processes, an open door policy for discussions with the management team and observation of staff practice. Staff stated that there was effective teamwork and each staff member knew their role, function and responsibilities.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Patricia Kearney, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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