

# Inspection Report

16 August 2022



## Conlig Day Service

Type of service: Day Care Setting  
Address: Conlig Presbyterian Church, Main Street, Conlig, BT23 7PT  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Praxis Care	<b>Registered Manager:</b> Mrs Ciarna McGlone
<b>Responsible Individual:</b> Mr. Greer Wilson (Awaiting registration)	<b>Date registered:</b> 9 September 2013
<b>Person in charge at the time of inspection:</b> Mrs Ciarna McGlone	
<b>Brief description of the accommodation/how the service operates:</b>  Conlig Day Services provides a programme of day care and day time activities Monday to Friday for adults living with a learning disability and who may have physical and/or sensory disabilities, behavioural needs or memory loss. The service is based at Conlig Presbyterian Church. The Gardens Group horticulture project operates in the village nursery opposite the church.	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 16 August 2022 between 09.00 a.m. and 12.00 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 Safeguarding (DoLS), Service user involvement, Restrictive practices, Dysphagia and Covid-19 guidance was also reviewed.

Good practice was identified in relation to service user involvement. Staff we spoke with demonstrated strong caring values and a desire to provide service users with quality, personalised care. Staff were familiar with the choices and preferences of individual service users and strove to deliver on these in line with the active care and support plans.

We noted some of the compliments received by the setting from various sources:

- “My relative is very happy with your service and is making huge progress.”
- “We are extremely happy and pleased with the service.”
- “Thanks to you and all the staff.”

### 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, staff and other stakeholders on how they could provide feedback to RQIA on the quality of services. This included questionnaires and an electronic survey for staff.

### 4.0 What did people tell us about the service?

During the inspection we spoke with 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:

- "Good staff."
- "An excellent helpful manager."
- "Good activities both inside and outside."
- "We all get on well together."
- "I feel safe and secure here."
- "I enjoy helping staff and others."

#### Staff comments:

- "A good comprehensive induction with the help of other staff."
- "Communication with others is good."
- "All my training is up to date."
- "My supervision is one to one and is good to discuss any areas of concern."
- "A good manager, very supportive."
- "I'm aware of my responsibilities to NISCC as a registrant."

Returned questionnaires show that those supported thought care and support was either excellent or good. We have noted the comments received:

- “It’s very good.”
- “I enjoy working in the gardens.”
- “The staff are very good.”
- “The manager does a fantastic job.”
- “I enjoy going out for coffee and all the activities.”
- “I love integrating with staff.”

No staff survey responses were received prior to the issue of the report.

## **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 23 August 2021 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’s) 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 safeguarding champions report was available for review and was 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 us 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.

The day care setting retained records of any referrals made to the Health and Social Care (HSC) Trust in relation to adult safeguarding. A review of records confirmed that no concerns had been received since the last inspection.

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

Staff were provided with training appropriate to the requirements of their roles. The manager reported that no service users currently require the use of specialised equipment.

It was positive to note that a number of care reviews were undertaken in keeping with the day care setting's policies and procedures. The agency must be commended for their commitment to the review process. The outcomes for people using the service reflected the principles and values of promoting choice and control, independence and community inclusion. We noted some comments from recent reviews:

- “No worries or concerns, good support in place for my relative.”
- “My relative loves coming here.”
- “My relative enjoys the activities with staff.”
- “I enjoy the community activities.”

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 MCA.

It was positive to note that service users were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the setting supported this practice. Service users had the support of a team of staff who were suitably skilled and experienced to meet their assessed needs.

Staff had completed DoLS training appropriate to their job roles. The manager reported that a number of the current service users were subject to DoLS arrangements. Documentation in place was reviewed and was satisfactory.

Records examined identified that a number of safety checks and audits had been undertaken including fire alarm tests. It was noted that the last full evacuation drill was undertaken on the 31 March 2022. Fire risk assessments for the centre were available for the inspection and had been completed on 10 March 2022. Staff fire training was completed on the 26 June 2022. During the inspection fire exits were observed to be clear of clutter and obstructions.

### **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 good to note that service users had an input into devising their own activities. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care records were written in a respectful way, supporting people to express their views and be involved in making decisions about their care, respecting and promoting people's privacy, dignity and independence. The service delivered had also been regularly reviewed through a range of internal and external audits.

The setting regularly sought a range of feedback from service users which was noted to be consistently positive. People spoke positively about the staff who supported them and had confidence in their skills and experience. Records reviewed evidenced that staff had regular training, supervisions and an annual appraisal.

It was also positive to note that the day care setting had service user meetings on a regular basis which supported the service users to discuss what they wanted to achieve from attending the setting and any activities they would like to become involved in. A number of agenda were regularly discussed. We discussed with the manager the review of meetings to attract more quality feedback from service users.

The day care setting had completed an annual review in relation to their practice which was forwarded to RQIA (Regulation 17). The report was reviewed and was satisfactory.

### **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 the modification of food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). A number of current service users required an assessed by SALT. The documentation in place was reviewed and was satisfactory.

A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents. Swallowing awareness was also completed by staff during First-Aid training. Staff implemented the specific recommendations of SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. Staff were familiar with how food and fluids should be modified.

### **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 (Access NI), 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), The Nursing and Midwifery Council (NMC) or any other relevant regulatory body.

The setting used the services of other care agencies on occasion, we reviewed the documentation in place that meet all regulatory standards and was satisfactory.

There was a system in place for professional registrations to be monitored by the manager. The monitoring arrangements in place were satisfactory. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

### 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.

The induction programme also included shadowing of a more experienced staff member. Written records were retained by the day care setting of the person's capability and competency in relation to their job role.

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 had maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

The records included the names and signatures of those attending the training event, the date(s) of the training and the content of the training programme. Staff were supported by a system of induction, training and supervision to ensure they were effective in their role.

All NISCC registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning.

### 5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monthly quality 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 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, training and staffing arrangements.

#### Comments included:

##### Service users:

- "I enjoy the company of others."
- "I'm delighted to be supported by staff."
- "My support is consistent."

##### Staff:

- "I feel valued by the manager."
- "My induction was positive."
- "Service users enjoy the interaction."

**HSC Staff:**

- “Communication is positive.”
- “Those who attend embrace the positivity.”
- “The role of day care is important to service users.”

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures. There was a system in place to ensure that complaints were managed in accordance with the day care setting’s policy and procedure. No complaints had been received since the last inspection. The day care setting’s Insurance documentation was in place and up to date as required.

**6.0 Conclusion**

RQIA was satisfied that this day care setting was providing services in a safe, effective, caring and compassionate manner and the service was well led by the manager / management team.

**7.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the manager as part of the inspection process and can be found in the main body of the report.





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