

Inspection Report

Name of Service: Conlig Day Services

Provider: Praxis Care

Date of Inspection: 14 April 2025

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

1.0 Service information

Organisation/Registered Provider:	Praxis Care
Responsible Individual/Responsible Person:	Mr. Greer Wilson
Registered Manager:	Mr. Colin Fullerton
Service Profile – 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 disabilities. The service is based in Conlig Presbyterian Church in Co. Down. The Gardens Group Horticultural Project, which is part of the day care setting, operates in the village nursery opposite the church.	

2.0 Inspection summary

An unannounced inspection took place on 14 April 2025, between 10.10 pm and 2.50 pm. It was carried out by a care inspector.

The last care inspection of the day care setting was undertaken on 25 July 2023 by a care inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the day care setting is performing in relation to the regulations and standards; and to determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to service users and that the day care setting was well led. Details and examples of the inspection findings can be found in the main body of the report.

Service users said that the care and support provided by Conlig Day Services was a good experience. Refer to Section 3.2 for more details.

It was evident that staff promoted the dignity and well-being of service users and that staff were knowledgeable and well trained to deliver safe and effective care.

The inspector would like to thank the manager, service users and staff for their help and support in the completion of the inspection.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the day care setting was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this day care setting. This included registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trusts.

Throughout the inspection process inspectors seek the views of those attending, working in and visiting the day care setting; and review/examine a sample of records to evidence how the day care setting is performing in relation to the regulations and.

3.2 What people told us about the service and their quality of life

We spoke to a range of service users and staff to seek their views of attending and working within the day care setting.

Service users told us that they were very happy in the day care setting and with the support offered by staff.

Staff told us they had no issues with the care and support offered within the day care setting and described everything as 'good'.

The information provided indicated that there were no concerns in relation to the day care setting.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users. There was evidence of robust systems in place to manage staffing.

A review of the agency'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) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to the NISCC 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 agency's policies and procedures. There was a robust, structured, induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

Records of all staff training were retained and were noted to be up to date. Service user specific training had also been provided to staff. For example, where a service user required a specialist emergency system for the management of a medical condition, all staff had been provided with the required training.

3.3.2 Care Delivery

Staff interactions with service users were observed to be polite, friendly, warm and supportive. The atmosphere was calm and relaxed. Staff were knowledgeable of individual service users' needs, their daily routines, wishes and preferences.

Service users were involved in a range of individual and group activities such as playing boccia, trips to local attractions, gardening, cooking and jigsaws. One service user shared their movie making project with the inspector. Another service user told the inspector how proud they were of all the ongoing work in the Gardens Group.

At lunchtime the atmosphere was calm, relaxed and unhurried. It was observed that service users were enjoying their meal and their dining experience. It was clear that staff had made an effort to ensure service users were comfortable, had a pleasant experience and had a meal that they enjoyed.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, service users were referred to the Occupational Therapy Service.

It was 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 safeguarding, ongoing work in the day care setting and how to make a complaint.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning Trust's requirements.

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.

3.3.3 Management of Care Records

Service users' needs were assessed when they were first referred to the day care setting and before care delivery commenced. Following this initial assessment care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

Service users care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the service users' needs. Staff recorded regular evaluations about the care and support provided. Service users, where possible, were involved in planning their own care and the details of care plans were shared with service users' relatives, if this was appropriate.

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.

The day care setting retained records of any referrals made to the Health and Social Care Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the day care setting's mandatory training programme.

Some service users had been assessed by a Speech and Language Therapist as requiring their food and fluids to be modified. These recommendations were recorded in service users' care plans.

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, being helped to do so when needed, and any decisions made on their behalf are in their best interests and as least restrictive as possible.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their roles. Where service users were subject to DoLS, the required documentation was in place and was kept under regular review.

The day care setting maintained a detailed Restrictive Practice register.

3.3.4 Quality of Management Systems

Mr. Colin Fullerton has been the manager in this day care setting since 4 April 2024.

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, service users' relatives, 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.

The Annual Quality Report was reviewed and was satisfactory.

There was a system in place to ensure that any complaints were managed in accordance with the day care setting's policy and procedure.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure. RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

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.

There was a procedure in place for signing in and out the service users who attended the day care setting daily. There was also a system in place for transport staff or an identified person to check the vehicle at the end of each journey to ensure that no service users remained on the transport.

3.3.5 Quality and Management of the Environment

There was evidence that fire safety checks had been completed as required. Staff had completed training in regard to fire safety and had participated in a fire evacuation drill. Throughout the inspection fire doors were observed to be unobstructed.

The day care setting was observed to be clean and tidy, suitably furnished, warm, well decorated and free of clutter.

RQIA is aware of some ongoing major works within the day care setting; this matter will be kept under review.

4.0 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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