

Inspection Report

23 August 2021



Conlig Day Services incorporating “Cookie Company” & “Garden’s Group”

Type of service: Day Care

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Praxis Care Group SEHSCT Responsible Individual: Mr Greer Wilson (Awaiting registration)	Registered Manager: Mrs Ciarna Mc Glone Date registered: 09/09/2013
Person in charge at the time of inspection: Mrs Ciarna Mc Glone	
Brief description of the accommodation/how the service operates: 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 split over two sites in Conlig, County Down. The Cookie Company 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 the 23 August 2021, between 09-00am and 11-30 am by the care inspector.

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

Good practice was identified in relation to appropriate checks being undertaken before staff were supplied to the setting. Good practice was also found in relation to the system in place for 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 day care setting 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.

The inspection focused on:

- Contacting the service users and staff to find out their views on the service
- Reviewing a range of relevant documents, and policies and procedures relating to the day care settings governance and management arrangements

4.0 What people told us about the service

We spoke to staff including the manager. We provided a number of questionnaires to service users and or relatives to facilitate them to provide comments on the quality of service provision. Staff were also provided with an electronic survey. We observed a variety of activities and good communication between staff and service users. We also had the opportunity meet with a family member and have included the comments received.

The returned questionnaires show good satisfaction levels. We noted some of the comments received:

- "I'm happy enough"
- "I'm happy at Conlig services."

No staff comments were received from the electronic survey prior to the issue of this report.

Comments received during the inspection process:

Service user comments:

- "No complaints."
- "Good activities."
- "It's good to be back."
- "Staff are good."
- "I enjoy the entre and the activities."

Relative's comments:

- "A good centre we are very well supported."
- "It's a lifeline for me and *****."
- "Good effective activities."
- "I have no complaints."
- "Staff are excellent."

Staff comments:

- “A good supportive manager.”
- “Good team communication.”
- “All my training has been completed.”
- “A good range of activities is provided.”
- “A comprehensive induction for all staff that prepares you for your role.”

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 Conlig Day Services incorporating ‘Cookie Company and Garden Group’ was undertaken on 21 November 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 settings provision for the welfare, care and protection of service users was reviewed. The organisation’s policy and procedures reflect information contained within the Department of Health’s (DOH) regional policy ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). We noted the adult safeguarding champions report was available for review and was satisfactory.

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. Staff could describe the process for reporting concerns.

It was noted that staff are required to complete adult safeguarding training during their induction programme and annual updates thereafter. All training records reviewed were in place.

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 agency’s policy and procedure with regard to whistleblowing.

The setting has a system for recording referrals made to adult safeguarding teams in relation to safeguarding. Records viewed and discussions with the manager indicated that no adult safeguarding referrals have been made since the last inspection.

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.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that a number of incidents had been reported to RQIA since the last inspection, these had been resolved through the settings policies and procedures.

All staff had completed DoLS training appropriate to their job roles, records reviewed clarified training. Discussion with staff clarified their knowledge of the subject.

Staff demonstrated that they have an 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.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and Infection Prevention and Control (IPC) practices. Staff were observed adhering to guidance and were knowledgeable during discussions.

5.2.3 Are their robust systems in place for staff recruitment?

The review of the day care settings staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards; required pre-employment checks were completed before staff members commence employment and direct engagement with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with the NISCC. Information regarding registration details and renewal dates are monitored by the manager; this system was reviewed and found to be in compliance with regulations and standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, staff, and HSCT staff. The reports included details of the review of service user care records, accident/incidents, safeguarding matters, complaints, staff training, and staffing arrangements.

We noted some of the comments made by service users; relatives and staff during the monthly quality monitoring:

Service users:

- "I'm enjoying being back."
- "I'm happy with staff."
- "I missed friends and the staff, I enjoy the activities."

Staff:

- “I’m always well supported.”
- “Good peer support.”
- “Good management support in place.”

HSC Trust staff:

- “Good communication.”
- “My clients are happy.”
- “The centre is well regarded by clients.”

It was positive to note that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that matters had been actioned.

There is a process for recording complaints in accordance with the day care settings policy and procedures. It was noted that no complaints had been received since the last inspection.

The manager confirmed that the centre had received no specific recommendations from the Speech and Language Therapist (SALT) in relation to service users’ dysphagia needs.

Staff described their role in relation to reporting poor practice and their understanding of the settings policy and procedure on whistleblowing.

It was established during discussions with the manager that the centre had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analysis’s (SEAs) or Early Alert’s (EAs).

The annual provider report as required by Regulation 17 was not available for review. The manager confirmed that the completed report will be forwarded to RQIA for review.

It was positive to note that a number of annual care reviews had been completed and the day care setting must be commended for their actions. We noted some of the comments from service users during their review:

- “Great, I have no complaints.”
- “I like working in the garden.”
- “I’m happy currently.”
- “I like seeing everyone and being together.”

6.0 Conclusion

Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

No areas for improvement have been identified where action is required to ensure compliance.

	Regulations	Standards
Total number of Areas for Improvement	0	0

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



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