

Inspection Report

4 August 2023



Palms Day Care Centre

Type of Service: Day Care Setting

Address: The Jethro Centre, Flush Place, Lurgan, BT66 7DT

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Shankill Parish Association	Registered Manager: Ms Ruth Brimage
Responsible Individual: Mr Andrew Norman George Dunlop	Date registered: 8 November 2021
Person in charge at the time of inspection: Ms Ruth Brimage	
Brief description of the accommodation/how the service operates: Palms Day Care Centre is a Day Care Setting that provides care and day time activities for a maximum of 16 people over the age of 65yrs who may be frail, have a physical disability or early stage dementia. The day centre operates on Wednesday, Thursday and Friday.	

2.0 Inspection summary

An unannounced inspection was undertaken on 4 August 2023 9.50 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.

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

We wish to thank the manager, service users, relatives and staff for their support and co-operation during 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 survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, relatives 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:

- "Love it, great place and I enjoy coming."
- "Food is great. Gets me out, I make friends and meet people."
- "Lost without it, no complaints."

We observed a number of service users being supported by staff; they appeared relaxed and comfortable and staff were aware of individual needs of the service users.

Service users' relatives' comments:

- "It is brilliant; it gives me a life. No concerns, couldn't ask for better."
- "Staff are friendly and supportive."
- "It is invaluable, the staff are brilliant and so good with my wife. I could not cope without it."
- "Just great; could not do without it. The staff are fantastic, always a smile. It has been such a help and relief to me."

Staff comments:

- "I love working here, it is a great place."
- "I love my work, it is great for the service users and families."
- "We are always trying to think if new things to do and finding out what they like."
- "No concerns or issues."

- “We help the service users to mix and meet new people.”

Four questionnaires were returned, the responses indicated that the service users were satisfied with the care and support provided. Comments included:

- “Very satisfactory with all aspects of care.”
- “My relative enjoys the interaction with staff and clients and comes home happy; likes the activities and craft, singing and games.”

There were no responses to the electronic 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 24 November 2022 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) 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. It was noted that a small number of staff needed to complete a training update, the manager advised that this was completed immediately following the inspection. 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.

The day care setting retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that no referrals had been made 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 manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Staff were provided with Moving and Handling training appropriate to the requirements of their role. The manager reported that a small number of service users currently required the use of specialised equipment; this care was provided by staff from a domiciliary care agency.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures. Minutes of care review meetings included comments made by the service users and their relatives. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

The manager advised that no service users are supported with the administration of medication. The manager was aware that should this be required, appropriate training and 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 MCA.

Staff had completed appropriate DoLS training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed.

It was noted that a fire risk assessment had been completed and action plan addressed. It was noted that fire safety checks had been completed as required and that staff had participated in a fire evacuation drill. Staff had completed required fire training. Fire exits were observed to be free from obstruction.

The day care setting was observed to be clean, fresh smelling and clutter free.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users and relatives, it was good to note that service users had been supported to have 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 quarterly 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:

- Food
- Transport
- Activities

The day care setting had completed an annual review in relation to their practice which incorporated service user and their representatives' feedback. This was disseminated to all of the service users.

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

One of the service users had been assessed by SALT with recommendations provided. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the 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. These were recorded within care plans along with associated SALT dietary requirements. 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 (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 the Nursing and Midwifery Council (NMC) or any other relevant regulatory body. There was a system in place for professional registrations to be monitored on a monthly basis by the manager. A spot check completed during the inspection indicated that staff were appropriately registered. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There was a number of volunteers supporting staff within the day care setting. It was noted that they had completed a structured induction programme which included a range of training. The day care setting had a policy and procedure for volunteers which clearly specified their role and responsibilities. The manager confirmed that volunteers did not undertake any personal care duties and that AccessNI checks had been completed.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

It was noted that no new staff had commenced employment since the last inspection. There was evidence that all newly appointed staff would be required to complete a structured orientation and induction, to ensure they were competent to carry out the duties of their job in line with the day care setting's policies and procedures. 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 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, 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. We discussed with the registered person the updated report format and a copy was forwarded following the inspection.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) 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. It was noted that no complaints were received since the last inspection.

The Statement of Purpose required updating with RQIA's contact details; the manager was signposted to Part 2 of the Minimum Standards, to ensure the Statement of Purpose included all the relevant information. The person in charge confirmed to RQIA within two weeks of the inspection that the Statement of Purpose had been revised.

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 Ruth Brimage, Registered Manager and the Responsible Individual, as part of the inspection process and can be found in the main body of the report.



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