

Inspection Report

7 September 2023



Grove Day Centre 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

Organisation/Registered Provider: Age NI	Registered Manager: Mrs Stephanie Moore Archer
Responsible Individual: Ms Linda Robinson	Date registered: Registration Pending.
Person in charge at the time of inspection: Day Care Worker	
Brief description of the accommodation/how the service operates: Grove Day Centre Age NI is a day care setting that is registered to provide care and day time activities for up to 15 service users who are over 65; service users may also have a physical disability and may be experiencing early signs of memory loss. The day centre is open Monday to Friday and is managed by Age NI.	

2.0 Inspection summary

An unannounced inspection was undertaken on 11 September 2022 between 09.30 a.m. and 12.30 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency'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. and Covid-19 guidance was also reviewed.

It was positive to note that service users benefited from a well led service. There was a clear leadership and management structure in place which helped to ensure staff were knowledgeable about their role and responsibilities. The service was well organised and had a range of systems in place to support good communication.

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 personalised care.

Staff were familiar with the choices and preferences of individual service users and expressed a commitment to providing care in keeping with service users' care and support plans.

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

- "I really enjoyed the day out."
- "Thank you for everything you do for us."
- "I have good fun here with friends."
- "I forget all my worries when I'm here."

The inspector would like to thank the staff and service users for their help, support and cooperation during this inspection.

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; with questionnaires and an electronic staff survey.

4.0 What did people tell us about the service?

During the inspection we spoke with staff members and service users.

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

Comments received included:

Service user comments:

- "Good activities."
- "Staff are great."
- "I feel safe and secure."
- "We are treated with respect."
- "A lovely atmosphere."
- "They listen and respond to us all."

Staff comments:

- “Open door policy here with the manager.”
- “I have one to one supervision.”
- “We provide a range of activities.”
- “We have good relationships with families.”
- “We get on well as a team.”
- “All my training is up to date.”
- “I’m aware of my NISCC responsibility as a care worker.”
- “We provide a very person centred service.”
- “We listen to people.”

A number of service user questionnaires were returned stating that service users were happy with the service.

No staff questionnaires were returned prior to the issue of this 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 8 November 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 8 November 2022		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 26 (4) (d) Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall liaise with the person(s) responsible for the upkeep of the building engineering services to ensure that adequate arrangements are in place regarding the weekly testing of the fire alarm system to ensure compliance with BS5839. Ref: 5.2.1	Met
	Action taken as confirmed during the inspection: Documentation in place and reviewed shows clear adherence to regulations.	

Action required to ensure compliance with the Day Care Settings Minimum Standards\z (revised), 2021		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 11.5</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that records of, and receipts for, all transactions undertaken by the staff on each service user's behalf are maintained. Where the service user is unable or chooses not to sign two members of staff sign and date the record.</p> <p>Ref: 5.2.1</p>	Met
	<p>Action taken as confirmed during the inspection: Documentation in place and reviewed shows clear adherence to standards.</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's) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff if they needed to report any concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The annual safeguarding position report was reviewed and was satisfactory.

Staff were required to complete adult safeguarding training during their 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. Staff 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 manager retained records of any referrals made to the Health and Social Care (HSC) Trust in relation to adult safeguarding. No referrals had been made since the last inspection.

The manager had ensured that service users were provided 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.

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 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:

- “I enjoy attending the centre.”
- “Very happy, staff are easy to talk to.”
- “Happy with everything at present.”
- “I enjoy the company and the activities.”
- “It gets me out of the house.”
- “The fun and laughter takes me away from everyday norms.”
- “My relative is very happy with the service.”
- “My relative always reports that she loves the day centre.”

It was positive to note that service users were supported to exercise choice and control in regard to decision making 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 none of the current service users were subject to DoLS arrangements.

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 fire evacuation drill was undertaken on the 10 February 2023, all staff included. Fire risk assessments for the centre were completed on the 22 November 2022. Staff fire training was completed on the 17 September 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 in discussion with staff, it was good to note that service users and families had an input into devising individual 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 quality of service provision had also been regularly reviewed through a range of internal and external audits.

Care and support plans were kept under regular review and service users and /or their relatives participated, where appropriate, in the review of the care provided on an annual basis, or when changes occurred.

It was good to note that the setting held regular service user meetings with various agenda items, that gave people the opportunity to discuss their thoughts on service quality, activities and suggestions. We noted some of the comments included:

- “Thank you for all your kindness.”
- “The food is the best.”
- “It’s a nice change here.”
- “Quiz goes down well.”

- “The activities are flexible and personalised.”
- “Pet therapy would be nice in the future.”
- “The pamper day was really enjoyed by all.”
- “The staff are really great.”
- “A very good atmosphere.”

The setting had completed a comprehensive annual report that was satisfactory. We noted some of the comments received:

Service users:

- “You can talk and have company. You learn new things”.
- “It is great to get out and about and meet other people”.
- “Because everything is excellent I have no complaints”.
- “It helps you to be less lonely”.
- “Yes – it is great fun, lots to do”.
- “Staff are very friendly and very interesting”.
- “Good company”.
- “I like getting out of my own house and having a good time with friends, when anyone asks me about it, I say they should go too”.
- “Grove House is great company and a fun place where there is a good range of activities to choose. Staff look after you well”.
- “The friendship with others within Grove House makes me feel good, the activities offered are varied and can be interesting and fun”.
- “Nice friendly people and good company, gets you out of the house and doing things”.

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

No service users were assessed by SALT or required modified diets, however a review of training records confirmed that staff had completed training on Dysphagia and in relation to how to respond to choking incidents. Swallowing awareness training was also completed by staff during First-Aid training.

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.

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 agency’s policies and procedures. There was a 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.

A record is maintained 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 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 and observations with service users and staff. The reports included details of a review of service users' care records; accident/incidents; safeguarding matters; staff recruitment, training and staffing arrangements.

Comments noted within monthly monitoring reports included:

Service users:

- "No worries or concerns."
- "I'm well looked after by staff."
- "It's a homely place."
- "Good to get out and meet other people."
- "Good meals and a good variety."
- "Activities are good."
- "I feel well cared for."
- "A good relationship with staff."

Staff:

- "I'm aware of my NISCC registration."
- "No issues or complaints."
- "We ensure service user needs are met."
- "Care provided is of a high standard."
- "All my training is completed."
- "Lots of various activities provided."
- "I enjoy me role."

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedures. No complaints had been received since the last inspection.

The day care setting's registration certificate was up to date and displayed appropriately as was their current insurance documentation.

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 the person in charge as part of the inspection process and can be found in the main body of the report.



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