

Inspection Report

15 July 2021



Grove Day Centre Age NI

Type of service: Day Care Setting
Address: 8 Antrim Road, Ballynahinch, BT24 8AN
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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: Miss Justine Lavery (Acting)
Responsible Individual: Mrs Linda Robinson	Date registered: Not applicable
Person in charge at the time of inspection: Miss Justine Lavery	
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 care inspection took place on 15 July 2021 between 10am and 2.32pm.

This inspection focused on 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 and Covid-19 guidance.

Service users said that they were very satisfied with the standard of care and support provided.

Two areas for improvement were identified in relation to the day centre's recruitment process, in particular in relation to ensuring all staff employed are registered with the NISCC and introducing a robust monitoring system in relation to staff registrations with NISCC.

Evidence of good practice was found in relation to staff training. Good practice was also found in relation to all current Covid-19 guidance and the use of personal protective equipment (PPE) guidelines, Covid-19 education and management including infection prevention and control (IPC) measures.

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.

Prior to inspection we reviewed the information held by RQIA about this day centre. This included the previous inspection report and Quality Improvement Plan (QIP) and written and verbal communication received since the previous care inspection.

The inspection focused on reviewing a range of relevant documents, policies and procedures relating to the day centre's governance and management arrangements. This included checking how care staffs' registrations with the NISCC were monitored.

We discussed any complaints and incidents during the inspection with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of services in the day centre. This included service user/relative questionnaires and a staff poster. Eight service users' responses were received and the respondents were very satisfied that care was safe, effective, compassionate and well led. No staff responses were received within the timescale requested.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

The information provided by service users during the inspection indicated that there were no concerns in relation to the day centre. All confirmed that they were very satisfied with the standard of care and support provided. The inspector spoke with five service users and two staff including the manager.

Service users' comments:

- "I love coming to the centre, I know the staff well and they are so very kind."
- "I am afforded choice in all that I do here."
- "Staff always wear their PPE, they are forever cleaning things like tables, chairs and door handles."
- "There is enough staff to meet my needs."
- "We got information about Covid and how to stay safe."
- "I couldn't suggest anything to improve the centre, all is as how it should be."
- "I enjoy playing bingo, doing crafts and we do something different every day."

Staff comments:

- "We have worked very hard to ensure service users are safe here since Covid-19."
- "I have done infection prevention and control training including Covid-19 and donning and doffing."

- “All staff have done dysphagia awareness training since the last inspection.”
- “Excellent centre, care here is of a high standard.”
- “No restrictive practice here.”
- “I am well supported by the manager, always available to discuss matters.”
- “Service users can choose what they want to do here and their views are always respected.”

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 Grove Day Centre Age NI was undertaken on 16 July 2019 by a care inspector. A QIP was issued. This was approved by the care inspector and will be validated during this inspection.

Areas for improvement from the last inspection on 16 July 2019		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 26 (2) (n) Stated: First time To be completed by: Immediate action	<p>The registered person shall ensure that staff are aware of and adhere to the guidelines regarding the control of substances hazardous to health.</p> <p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. On arrival to the day centre the control of substances hazardous to health (COSHH) cupboard was locked. It was noted that all staff had undertaken COSHH training following the previous care inspection.</p>	Met
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 13.4 Stated: First time To be completed by: 31 August 2019	<p>The registered person shall ensure that staff and volunteers have undertaken awareness training in respect of safeguarding vulnerable adults.</p> <p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been</p>	Met

	addressed. The manager confirmed that currently there are no volunteers utilised in the day centre. It was noted that all staff and volunteers had undertaken adult safeguarding training following the previous care inspection.	
Area for improvement 2 Ref: Standard 10.1 Stated: First time To be completed by: 31 August 2019	<p>The registered person shall ensure that staff have undertaken training in respect of the international dysphagia diet standardisation initiative framework (IDDSI)</p> <p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. It was noted that all staff had undertaken dysphagia awareness training following the previous care inspection.</p>	Met
Area for improvement 3 Ref: Standard 17 Stated: First time To be completed by: 30 September 2019	<p>The registered person shall ensure that staffs perceptions and comments, as indicated in the returned staff questionnaires, are explored and resolved.</p> <p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Discussion with the manager confirmed that this matter was addressed by the Head of Care.</p>	Met

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The day centre'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).

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.

It was confirmed that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

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 day centre's policy and procedure with regard to whistleblowing.

The day centre has a system for retaining a record of referrals made in relation to adult safeguarding matters. Records viewed and discussions with the manager indicated that no referrals had been made with regards to adult safeguarding since the last inspection. Adult safeguarding matters are reviewed as part of the quality monitoring process.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided. The day centre has provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

Service users and staff advised that there was enough staff to ensure the safety of the people who used the service. Observation of the delivery of care at the time of inspection evidenced that service users' needs were effectively met by the number of staff on duty.

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 one incident had been reported since the last inspection.

Staff were provided with training appropriate to the requirements of their role. This included DoLS training. Staff had an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. The manager confirmed that no restrictive practices were used in the day centre.

There was a good system in place to share information relating to Covid-19 and infection prevention and control (IPC) practices. Staff were observed adhering to guidance and were knowledgeable about IPC during discussions.

On entering the day care setting the inspector's temperature and contact tracing details were obtained by the manager who advised that this is completed on all persons entering the day centre in line with current Covid-19 guidelines.

The environment was observed during the inspection and there was evidence of infection prevention and control measures in place such as PPE which was available for staff. Other infection prevention and control measures were in place, which included seven step hand hygiene notices positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins. Wall mounted hand sanitisers were strategically located throughout the day centre. Wall mounted hand sanitisers checked were clean, sufficient product was available and these were well maintained and fit for purpose.

There were numerous laminated posters displayed throughout the day centre to remind staff of good hand washing procedures and the correct method for donning and doffing PPE. Observations of the environment concluded that it was fresh smelling and clean throughout.

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

The discussions with the manager and staff confirmed that no service users require assessment by the Speech and Language Therapist (SALT) in relation to dysphagia needs. The manager advised that she was aware of the SALT referral process if a service user presented with eating, drinking or swallowing difficulties.

It was positive to note that all staff had attended training in relation to dysphagia awareness.

5.2.3 Are their robust systems in place for staff recruitment?

The review of the day centre's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and direct engagement with service users. Records viewed evidence that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that one care worker was not registered with NISCC despite commencing employment in November 2019. Discussion with the director following the inspection confirmed that there appeared to be a lack of communication regarding this care worker's NISCC application and the day centre was unaware of the issues which arose. The director advised that the care worker would not be rostered on duty until they were appropriately registered with NISCC. An area for improvement was identified.

Whilst oversight of staff NISCC registrations had been undertaken by the manager, the current system of oversight of staff registrations had not been effective. Discussion took place with the manager in relation to implementing a robust monitoring system of staff NISCC registrations. An area for improvement was identified.

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. Quality monitoring visits had been undertaken by a monitoring officer. A sample of reports viewed from April to June 2021 provided evidence that the monitoring process included engagement with service users, service users' representatives and staff, also that the conduct of the day centre was examined and that action plans for improvement were developed, if necessary.

There is a process for recording complaints in accordance with the day centre's policy and procedures. The manager confirmed that no complaints were received since the date of the last inspection. Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the manager was made aware of any complaints.

There was a system in place to ensure that staff received supervision and appraisal in accordance with the day centres policies and procedures.

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

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

6.0 Conclusion

Based on the inspection findings and discussions held with the manager, staff and service users, RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the manager.

Two areas for improvement were identified in relation to the day centre's recruitment process, in particular in relation to ensuring all staff employed are registered with the NISCC and introducing a robust monitoring system in relation to staff registrations with NISCC.

The inspector would like to thank the manager, service users and staff for their support and co-operation throughout the inspection process.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Miss Janice Lavery, manager, as part of the inspection process. The timescales commence from the date of inspection.

	Regulations	Standards
Total number of Areas for Improvement	1	1

Quality Improvement Plan	
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 21 (1) (a) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection and ongoing</p>	<p>The registered person shall not employ a person to work in the day care setting unless—</p> <p>(a) the person is fit to work in the day care setting;</p> <p>(b) subject to paragraph (3), he has obtained in respect of that person the information and documents specified in Schedule 2.</p> <p>This relates to the registration of each care worker with the appropriate registration body, namely NISCC.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken: the inspection identified a gap in our internal review processes for NISCC registration along with ongoing issues for staff attempting to have contact with NISCC. This has been addressed.</p>
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012.	
<p>Area for improvement 1</p> <p>Ref: Standard 21.6</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection and ongoing</p>	<p>The registered person shall ensure that a robust monitoring system of staff registrations with NISCC is implemented.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken: A robust system for monitoring staff registration with NISCC has been implemented and tested monthly.</p>

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