

# Unannounced Care Inspection Report 12 March 2020



## Age NI

**Type of Service: Day care**  
**Address: Laurelhill, 1a Ballymacash Park, Lisburn, BT28 3EX**  
**Tel No: 028 9266 0801**  
**Inspector: Corrie Visser**

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It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

Age NI is a day care setting with 10 places that provides care and day time activities for people living with dementia who are aged over 65. The setting is open Monday to Friday and is commissioned by the South Eastern Health and Social Care Trust (SEHSCT).

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Age NI  <b>Responsible Individual(s):</b> Ms Linda Robinson	<b>Registered Manager:</b> Miss Michelle Quigley
<b>Person in charge at the time of inspection:</b> Miss Michelle Quigley	<b>Date manager registered:</b> 14 November 2019

### 4.0 Inspection summary

An unannounced inspection took place on 12 March 2020 from 10.00 to 13.30 hours.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

All service users, relatives and staff spoken with stated they were very happy with the care and support provided.

One area requiring improvement was identified during the inspection in relation to ensuring the Service User Guide is updated in relation to restrictive practice. This area for improvement is being stated for the second time.

Evidence of good practice was found in relation to the recording of accidents and incidents, the Whistleblowing policy, the process for completing Access NI checks and managing staff registrations with the Northern Ireland Social Care Council (NISCC).

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ms Michelle Quigley, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

## 4.2 Action/enforcement taken following the most recent care inspection dated 2 October 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 2 October 2018.

## 5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this day care service. This included the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service users, their relatives and staff to find out their views on the service.

We ensured that the appropriate staff checks were in place before staff work with service users.

- Recruitment records specifically relating to Access NI and NISCC registration.

A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received for inclusion within this report.

Ten questionnaires were also provided for distribution to the service users and their representatives to give them the opportunity to contact us after the inspection with their views; no responses were returned within the timeframe for inclusion within this report.

During the inspection the inspector met with six service users, one member of staff and one service user's relative.

Three areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met and partially met.

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

## 6.0 The inspection

Action required to ensure compliance with The Day Care Regulations (Northern Ireland) 2007		Validation of compliance
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 19 &amp; Schedule 5</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall improve the settings incidents, accidents and notifications record.</p> <p>The record should be a chronological record of every incident or accident in the setting or if an incident or accident happens during day care setting outings. The record should detail any incidents or accidents, what action had been taken including any action to prevent reoccurrence and detail if other professionals or agencies were informed.</p> <p>This relates to the record of the settings incident, accidents and notifications records being improved further to reflect what action had been taken to prevent a reoccurrence and details if other professionals, agencies or relatives were informed.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector reviewed the setting's incident and accident records and noted a new template being utilised following the previous inspection. There were 12 recorded accidents and incidents since 2 October 2018 and every record had robust information in relation to the incident, immediate action, who was contacted, actions to prevent reoccurrence and the date the care plan and risk assessment was updated.</p>	<b>Met</b>
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 6.8</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure restraint and seclusion should be used only for controlling violent behaviour or to protect the service user or other persons; and then only as a last resort when other less restrictive strategies have been unsuccessful. Any intervention used is proportionate to the risk of harm; and any situation that led to use of restraint or seclusion is subject to multi-disciplinary review, with a view to avoiding the need for such intervention in the future. Records are kept of all instances when</p>	<b>Partially met</b>

	<p>restraint or seclusion is used, and of the review of their use.</p> <p>This relates to ensuring appropriate records are maintained for each individual service user regarding the restriction of service users leaving the setting, due to the presence of a locked door. This restrictive practice should be explicitly referenced in the Statement of Purpose, Service User Guide and during monthly and annual quality monitoring reports.</p> <p>The revised copy of the amended Statement of Purpose and Service User Guide (to include date of revision) should be forwarded to RQIA with the returned QIP.</p>	
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector observed a key pad at the main entrance upon arrival at the Day Centre. Three service users' care records were reviewed and one Service User Guide included information regarding restrictive practices within the setting, however two did not. It was noted however that the care plans highlighted the restrictive practice for the three service users. The Statement of Purpose was updated and was assessed as compliant. This area of improvement was partially met and has been stated for the second time.</p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 17.7</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure there is a written policy on "whistle blowing" and written procedures that identify to whom staff report concerns about poor practice.</p> <p>This relates to the inclusion in the day care setting's whistleblowing policy of the recognised external bodies to report concerns to if internal reporting arrangements have been exhausted and concern has not been taken seriously.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector reviewed the setting's Whistleblowing policy and noted it was updated in April 2019. The policy included all relevant external bodies and was deemed compliant with Standard 17.7.</p>	<p><b>Met</b></p>

## 6.1 Inspection findings

The day care setting's staff recruitment processes were noted to be managed in conjunction with the organisation's Human Resources department. The inspector reviewed confirmation of Access NI checks for two volunteers before they were provided with a start date for employment. Discussions with the person in charge identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 of the Day Care Setting Regulations (Northern Ireland) 2007 and Standard 11 of the Day Care Settings Minimum Standards, 2012.

The day care setting has a system in place to ensure all staff are registered with NISCC. A review of all of the staff records confirmed that they were registered with NISCC as required. The manager confirmed that there is a matrix with the expiry date and when the annual fee is due to ensure registration is maintained for staff. Staff were aware that they are not permitted to work if their NISCC registration had lapsed.

Service users' comments included:

- "It's lovely coming here."
- "Very good people."
- "They give you what you want."
- "Staff are friendly."
- "If it was bad, I wouldn't come."
- "Everyone knows us."
- "You get a bit of craic."
- "I can socialise with my friends."

Staff comments included:

- "It doesn't feel like work."
- "It's very rewarding."
- "It's enjoyable talking to people and to stimulate their minds."
- "Training is very good."
- "Practical training is beneficial and I learn more."
- "The manager is very supportive and approachable."
- "There is an open door policy."
- "I get regular supervision."
- "I have completed the DoLS (Deprivation of Liberty Safeguarding) training."
- "The people being referred are at the right level."
- "I am aware of the safeguarding policy and the Adult Safeguarding Champion."

Relatives' comments included:

- "The service I get from here is invaluable."
- "\*\*\*\* (service user) was offered another day and I accepted it."
- "My wife is happy here."
- "They do a lot of things here and she enjoys it."
- "They are always doing things to keep their minds occupied."
- "\*\*\*\* (service user) looks forward to coming here."
- "\*\*\*\*\* (service user) struggles with her appetite but the staff sit with her and encourage her to eat."

- “This place is like finding an oasis in the desert.”
- “If there was something wrong here, you would know.”
- “I know she’s safe.”

### Areas of good practice

Areas of good practice were identified in relation to the recording of accidents and incidents, the Whistleblowing policy, the process for completing Access NI checks and managing staff registrations with the Northern Ireland Social Care Council (NISCC).

### Areas for improvement

One area requiring improvement was identified during the inspection in relation to ensuring the Service User Guide is updated in relation to restrictive practice. This area for improvement is being stated for the second time.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 7.0 Quality improvement plan

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

The registered provider should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.



<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Day Care Settings Minimum Standards, 2011</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 6.8</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> immediately from the date of inspection</p>	<p>The registered person shall ensure restraint and seclusion should be used only for controlling violent behaviour or to protect the service user or other persons; and then only as a last resort when other less restrictive strategies have been unsuccessful. Any intervention used is proportionate to the risk of harm; and any situation that led to use of restraint or seclusion is subject to multi-disciplinary review, with a view to avoiding the need for such intervention in the future. Records are kept of all instances when restraint or seclusion is used, and of the review of their use.</p> <p>This relates to ensuring appropriate records are maintained for each individual service user regarding the restriction of service users leaving the setting, due to the presence of a locked door. This restrictive practice should be explicitly referenced in the Service User Guide.</p> <p>Ref: 6.0</p>
	<p><b>Response by registered person detailing the actions taken:</b> a review of the service user policy has been completed. the external door security has been identified in all care plans and service users and families are aware that its in place</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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