

Inspection Report

28 March 2022



Age NI

Type of service: Day Care
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www.rqia.org.uk

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 Michelle Quigley
Responsible Individual: Ms Linda Robinson	Date registered: 14 November 2019
Person in charge at the time of inspection: Day care worker	
Brief description of the accommodation/how the service operates: 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).	

2.0 Inspection summary

A unannounced inspection was undertaken on 28 March 2022 between 09.45. a.m. and 12.50 p.m. by the care inspector.

This inspection focused on staff recruitment processes, registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints and whistleblowing. We also reviewed Deprivation of Liberty safeguards (DoLS) including money and valuables, restrictive practice, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to recruitment processes and appropriate checks being undertaken before staff were supplied to day care settings, NISCC registrations and completion of monthly quality monitoring reports. Good practice was also found in relation to the system in place of disseminating Covid-19 related information to staff.

No areas for improvement were identified.

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

The findings of this report will provide the registered individual 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.

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

The inspection focused on:

- Contacting the service users, their relatives, Health and Social Care Trust (HSCT) representatives and staff to find out their views on the service.
- Reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided. This included questionnaires for service users and relatives. An electronic survey was provided to enable staff to feedback to the RQIA.

4.0 What people told us about the service

We spoke with three service users and three staff including the person in charge. In addition very positive feedback was received from relatives in the questionnaires returned to RQIA. One relative commented:

“**** is a different person on the days she attends, very positive and relaxed. The care provided is excellent”

Comments received during inspection process-

Service users' comments:

- “Staff are good to me.”
- “It's a day out, I like coming to it.”
- “The food is good, they treat me alright, no complaints.”

Staff comments:

- “No doubt people get a good quality of care.”
- “The organisation looks after staff well-being.”
- “I love working with older people.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Due to the coronavirus (Covid-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services. The last inspection to Age NI Laurehill was undertaken on 12 March 2020 by a care inspector; one area for improvement was identified. A QIP was issued. This was approved by the care inspector and was validated during this inspection.

An inspection was not undertaken in the 2020-2021 inspection year, due to the impact of the first surge of Covid-19.

Areas for improvement from the last inspection on 12 March 2020		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2021		Validation of compliance
Area for Improvement 1 Ref: Standard 6.8 Stated: Second time	<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>	Met
	<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>Action taken as confirmed during the inspection: Inspector confirmed that the restrictive practice involving the locked door is explicitly referred to within care plans and the Service User Guide.</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) 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 person in charge established 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 noted that staff are required to complete classroom based adult safeguarding training during their induction programme and yearly updates thereafter. The inspector noted that one person employed in a voluntary capacity had not had an annual update. Confirmation that this update has since been completed was received by the inspector within an agreed time frame.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. They could 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 had a system for retaining a record of referrals made to the HSCT in relation to adult safeguarding. Records reviewed and discussions with the manager indicated that no adult safeguarding referral had been made since the last inspection.

Service users who spoke to us stated 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.

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 incidents had been managed in accordance with the agency's policy and procedures.

The inspector noted that one staff member had not completed Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. Since the inspection this matter has been addressed and the inspector viewed evidence of completed training. The person in charge discussed plans in place to address DoLS practices in conjunction with the HSCT.

There was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance. Currently staff within the setting receive lunch monies from individual service users, two signatures are recorded for these transactions.

Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSCT representative.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

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

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). It was positive to note that all staff had completed training in Dysphagia.

The discussions with staff and review of service user 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 day care 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.

Observation of the lunchtime menu evidenced that service users were given a choice in regards to the meals being served which appeared to be very appetising. Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs as identified within the service users' care plans and associated SALT dietary requirements; staff were familiar with how fluids should be modified.

5.2.3 Are their robust systems in place for staff recruitment?

The person in charge advised that there were no newly recruited staff to the day care setting and that the staff team had worked in the day care setting for a number of years. The person in charge and the organisation's Human Resources (HR) department confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members including volunteers commence employment and have direct engagement with service users.

A review of the records confirmed that all staff provided were appropriately registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates was 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, service users' relatives, staff and HSCT representatives. The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements.

There was a process for recording complaints in accordance with the agency's policy and procedures. It was noted that no complaints had been received since the last inspection. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager.

Discussions with the person in charge and staff described positive working relationships in which issues and concerns could be freely discussed; staff reported they were confident that they would be listened to. In addition, staff confirmed that they felt supported by management.

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

6.0 Summary

Based on the inspection findings and discussions held with 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.

7.0 Quality Improvement Plan/Areas for Improvement

	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 the person in charge and Miss Michelle Quigley, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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