

Inspection Report

19 January 2024



Pavestone Centre

Type of service: Day Care Service
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Northern HSC Trust	Registered Manager: Mrs Colette Fairley
Responsible Individual: Ms Jennifer Welsh	Date registered: 30 January 2022
Person in charge at the time of inspection: Mrs Colette Fairley	
Brief description of the accommodation/how the service operates: This is a day care setting with 60 places that provides care and day time activities for people living with physical disabilities and mental ill health. The ethos of the service is re-enablement with the aim to support service users to gain skills to find employment or return to work. Service users are actively involved in producing a range of craft items such as jewellery, candles, ceramics, linen cushions and soaps that are sold in local businesses in the area and wooden crosses that are supplied to a number of hospitals and hospices.	

2.0 Inspection summary

An unannounced inspection was undertaken on 19 January 2024 between 11.00 a.m. and 2.40 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.

Service users told us they were very happy in the day care setting and the service users were observed being relaxed and comfortable in their interactions with staff. Staff spoken with were able to describe the various crafts the service users made and how the day care setting aimed to improve service users' potential for engagement through stages of enquiry, education, exploration, engagement and evaluation. Service users had built confidence and self-esteem through the Occupational Therapy led activities provided.

The Pavestone Centre uses the term 'members' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

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 and staff members.

The information provided indicated that there were no concerns in relation to the day care setting; service users were observed working with a variety of crafts and those spoken with described the day care setting and staff in positive terms.

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included:

- "The centre is a very important part of my life. The service and staff are first class."
- "The staff have done everything they can to help me."

No responses were received 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 14 December 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 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).

Review of records established that they were clear processes in place for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter.

The manager advised that there had been no concerns raised under the whistleblowing procedures.

Review of records identified that RQIA had been notified of any incidents in keeping with the regulations.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the day care setting's mandatory training programme.

All staff had been provided with training in relation to medicines management, as appropriate to their roles and responsibilities. The manager told us that no service users required their medicine to be administered with a syringe. Should this be required, this element of medicine administration would need to be included in the medicines competency assessment 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 had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS.

A Fire Risk Assessment had been reviewed on 6 June 2023.

During the inspection fire exits were observed to be clear of clutter and obstructions. All fire safety checks had been completed in accordance with Trust policy.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care.

It was also positive to note that the day care setting had service user meetings on a regular basis which enabled the service users to discuss what they wanted from attending the day centre. Activities the service users engaged in included ten pin bowling, going to the cinema in the Jet Centre, attending a Dinner Dance Disco and visiting the Bushmills Garden Centre.

It was evident that the staff provided care and support in keeping with their Statement of Purpose. Staff spoken with were able to describe the various crafts the service users made and how the day care setting aimed to improve service users' potential for engagement through stages of enquiry, education, exploration, engagement and evaluation. Service users had built confidence and self-esteem through the Occupational Therapy led activities provided. These included:

- Gardening/horticulture
- Woodwork
- Wax work, ie. making candles and scented wax melts
- Fibre
- Pottery
- Making Felted Soap
- Jewellery making

The day care setting had completed an annual review in relation to their practice which incorporated service user and their representatives' feedback.

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

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

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 which were retained in the 'Safety Pause' folder. 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?

The day care setting's staff recruitment records were reviewed. The records viewed identified that AccessNI checks had been undertaken for all staff before they 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). There was a system in place for professional registrations to be monitored by the manager.

The day care setting had a policy and procedure for volunteers which clearly specified their role and responsibilities. The manager/person in charge 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?

There was a system in place to ensure 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 day care setting's policies and procedures.

A review of the records pertaining to Regulation 20 of The Day Care Setting Regulations (Northern Ireland) 2007 and Standard 21 of The Day Care Settings Minimum Standards 2021 relating to staff also identified that they had been inducted and trained in line with the regulations.

The day care setting had maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

All NISCC registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning.

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, 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.

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

The day care setting's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. Where complaints were received since the last inspection, these were appropriately recorded.

There was a system in place for managing instances where a service user did not attend the day care setting as planned. This included a system for signing in and out the service users who attend; and a final check undertaken by the transport staff.

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 Mrs Colette Fairley, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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