

Inspection Report

21 December 2021



Magherafelt Adult Centre

Type of Service: Day Care Service
Address: 55 Hospital Road, Magherafelt, BT45 5EG
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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 Amanda Matthew
Responsible Individual: Mrs Jennifer Welsh (acting)	Date registered: 19 January 2018
Person in charge at the time of inspection: Senior Day Care Worker	
Brief description of the accommodation/how the service operates: This is a Day Care Setting with registered places for 65 people with learning disabilities. Many of the service users have complex needs requiring high levels of staffs' attention. The centre has regular input from members of the Health and Social Care (HSC) Trust's Behaviour Support Team.	

2.0 Inspection summary

An unannounced care inspection took place on 21 December 2021 between 10.15 am and 2 pm by a care inspector.

This inspection focused on staff recruitment and the day setting's governance and management arrangements as well as staff' registrations with the Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC). The inspection also examined the arrangements for adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practices, dysphagia arrangements, monthly quality monitoring and Covid-19 guidance.

Observations on the day of inspection identified that the service appeared relaxed and comfortable in their interactions with staff. The feedback received from service users and relatives indicated that they were very satisfied with the standard of care and support provided.

Good practice was found in relation to the system in place of disseminating Covid-19 related information to staff and to the management of service users who have swallowing difficulties and required their food to be of a specific consistency. There were good governance and management oversight systems in place. No areas for improvement were identified.

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 guidance, 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 and any written and verbal communication received since the last care inspection.

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

During the inspection, we discussed any complaints that had been received and any incidents which had occurred, with the person in charge 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 care setting. This included service user/relative questionnaires and a staff poster.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

4.0 What people told us about the service

The information provided by service users and staff during the inspection indicated that there were no concerns in relation to the day care setting. All confirmed that they were very satisfied with the standard of care and support provided. The inspector spoke with a number of staff, including the person in charge.

Staff comments:

- "I have no concerns, all the service users' needs are being met."
- " I love it here. There are no problems at all."

A number of service users' relatives returned questionnaires. The respondents indicated that they were very satisfied that care was safe, effective, compassionate and well led.

No written comments were received

A number of staff responded to the electronic survey, indicating that they were generally satisfied in relation to the care and support provided. No written comments were provided.

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 Magherafelt Adult Centre was undertaken on 24 October 2019 by a care inspector; no areas for improvement were identified. An inspection was not undertaken in the 2020-2021 inspection years, due to the impact of the first surge of Covid-19.

5.2 Inspection findings

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

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), in keeping with the regional policy.

It was confirmed that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter. However, the review of the training records identified a small number of staff who had not updated their adult safeguarding training; Following the inspection, confirmation that the training had been completed, was submitted to RQIA by email on 18 January 2022. RQIA was satisfied that this area for improvement had been addressed.

Discussion with the person in charge, confirmed that no matters had been raised under the whistleblowing procedures.

The day care setting has a system for retaining a record of referrals made in relation to adult safeguarding matters. Discussion with the person in charge indicated that referrals had been made appropriately. The person in charge demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns. 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. 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.

Staff were provided with training appropriate to the requirements of their role. This included DoLS training. The person in charge demonstrated that they had an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. The review of the training records identified that staff had completed the required level of DoLS training.

Review of records identified that there were two service users who were subject to DoLS on the day of the inspection. The care plans were noted to include DoLS. However, the review of the records identified that the authorisation form was only evident in one of the records reviewed. The person in charge agreed to follow up with the NHSCT, to ensure that this was received.

On entering the day care setting the inspector's temperature was obtained by the staff, who advised that this is completed on all persons entering the day care setting in line with current Covid-19 guidelines.

The environment was observed during the inspection and there was evidence of Infection Prevention and Control (IPC) measures in place such as personal protective equipment (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. Hand sanitisers were strategically located throughout the day care setting.

There were numerous laminated posters displayed throughout the day care setting 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.

There was a good system in place to share information relating to Covid-19 and IPC practices. Staff were observed adhering to guidance.

5.2.3 Are their robust systems in place for staff recruitment?

Staff recruitment was completed in conjunction with the Business Services Organisation (BSO). The manager had received confirmation that the required pre-employment checks had been undertaken before staff members commenced employment and had 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) or the Nursing and Midwifery Council (NMC). 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.

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

The person in charge identified a number of service users who required assistance with eating and drinking due to having swallowing difficulties; some of whom required their food and drinks to be of a specific consistency. Review of the records identified that the risk assessments were consistently reflected in the care plans. Review of the records identified one SALT care plan which could possibly cause confusion for staff, as both the old version and the updated version were in the service user's care record. The person in charge agreed to liaise with the SALT, to ensure this was rectified.

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI).

Whilst the majority of staff had completed training in Dysphagia, the profiles of agency staff, identified that this had not been included in their training.

This was discussed with the person in charge, who advised that provision had been made for agency staff to access trust training in this regard. Following the inspection, the manager confirmed to RQIA, by email on 18 January 2022, that that this had been addressed.

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 on a monthly basis. 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 complaints received since the last inspection had been managed in accordance with the organisation's policy and procedures and were reviewed as part of the agency's monthly quality monitoring process.

6.0 Conclusion

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

There were no areas for improvement identified during this inspection, and a Quality Improvement Plan (QIP) is not required or included, as part of this inspection report.



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