

Inspection Report

4 May 2023



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 - not registered
Responsible Individual: Ms Jennifer Welsh	Date registered: Application pending
Person in charge at the time of inspection: Mrs Amanda Matthew	
Brief description of the accommodation/how the service operates: This is a day care setting that provides care and day time activities for service users as detailed in its Certificate of Registration. The centre is open for service users five days a week from Monday to Friday.	

2.0 Inspection summary

An unannounced inspection was undertaken on 5 May 2023 between 9.30 a.m. and 2.45 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, Dysphagia management and Covid-19 guidance was also reviewed.

Areas for improvement identified related to the effective selection and recruitment of staff, Dysphagia care plans and the Dysphagia auditing process. Areas for improvement previously identified in relation to Safeguarding training and Speech and Language Therapist care plans were not met and have been stated for the second time.

Good practice was identified in relation to service user involvement. The service was well organised and had a range of systems in place to ensure its operation and to support good communication.

All service users spoken with indicated that they were very happy with the care and support provided by the staff.

Magherafelt Adult Centre uses the term 'clients' 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.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, we want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:



- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

Returned questionnaires indicated that the service users felt the day care setting was providing safe, effective and compassionate care; and that the service was well-led. Written comments included:

- “I think the centre is good.”
- “I think the centre is good because I go out for coffee and walks.”
- “Thumbs up”
- “The centre is good, I enjoy it. I enjoy doing my jigsaw.”
- “I wasn’t sure how to make a complaint. The staff helped me and now I know.”
- “I like it. I enjoy coming to do painting and activities.”
- “My staff keep me safe.”

Service users indicated that they were happy with the care and support provided. Service users were observed to be relaxed and comfortable in their interactions with staff.

Staff met with indicated that they had no concerns in relation to the day care setting. Comments received included:

- “Everything is fine, I have no concerns, the manager is very supportive.”
- “I have no concerns at all, they all get what they need and more.”
- “We do the very best to our ability.”
- “It’s very good to have RQIA inspections, it all helps us do a better job. I love it here, it really is my passion and at the end of the day, I really want to go home knowing they had a good day.”

Review of the monthly quality monitoring reports included positive comments from service users’ relatives. These included:

- “Things are more than good, never any bother getting her up and out in the morning.”
- “The staff are very good.”

No responses were received to the electronic survey prior to the issue of the report.

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 22 November 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 22 November 2022		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (3) Stated: First time	<p>The registered person shall ensure that all staff, including ancillary staff, receive training in respect of adult safeguarding, in line with the agency's policy and procedures.</p> <p>Action taken as confirmed during the inspection: There was no evidence that this area for improvement had been met.</p>	Not met
Area for improvement 2 Ref: Regulation 16 (2)(b) Stated: First time	<p>The registered person shall ensure that a system is implemented to ensure that all staff sign the SALT care plans, to evidence their understanding of the individual service users' requirements.</p> <p>Action taken as confirmed during the inspection: There was no evidence that this area for improvement had been met.</p>	
Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021		Validation of compliance
Area for improvement 1 Ref: Standard 14.10 Stated: First time	<p>The registered person shall ensure that complaints records are completed appropriately to include the details of the action taken and whether or not the complainant is satisfied with the outcome of the investigation.</p>	Met

	<p>Action taken as confirmed during the inspection:</p> <p>There was evidence that this area for improvement had been met.</p>	
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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).

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns. Whilst all the care staff had undertaken adult safeguarding training, there was no evidence that the catering staff had completed the training. An area for improvement previously identified in this regard has been stated for the second time.

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

The day care setting retained records of any referrals made to the HSC Trust in relation to adult safeguarding. Any safeguarding incidents identified since the last inspection were managed appropriately.

The manager was aware of the type of incidents which are required to be notified to RQIA.

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. Discussion took place regarding the need for records to be retained of any training provided by external sources. This related to the provision of training to staff caring for service users who had a percutaneous endoscopic gastrostomy (PEG) tube. We were however satisfied that competency assessments had been updated for all staff involved in this task. The manager agreed to record the dates of such training going forward.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

A review of care records identified that moving and handling risk assessments and care plans were up to date.

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 who spoke with the inspector demonstrated their 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 (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. A resource folder was available for staff to reference.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, this was included in the care plan. Advice was given in relation to ensuring the terminology used in the care plans was more explicit in relation to this area.

The last Fire Risk Assessment was dated 15 December 2022. It was good to note that all recommendations identified within the Fire Risk Assessment had been completed.

Records examined identified that a number of safety checks had been undertaken, including fire evacuation drills. Staff fire training was up to date. During the inspection fire exits were observed to be clear of clutter and obstructions.

5.2.2 What are the arrangements for promoting service user involvement?

Observations on the day of the inspection, noted that activities were provided for service users appropriate to their needs and preferences. The service users' care plans contained details about the level of support they may require. The service delivered had also been regularly reviewed through a range of audits.

It was good to note that the day care setting had service user meetings on a regular basis which supported the service users to discuss what they wanted to achieve from attending the setting and any activities they would like to become involved in.

The manager was in the process of completing an annual review in relation to the quality of the care provided by the day care setting. It was agreed that this would be submitted to RQIA when completed.

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

An area for improvement had been identified at the last care inspection, relating to the need for staff to sign each individual SALT care plan, in line with the organisation's policies and procedures. As detailed in section 5.1, there was no evidence that this area for improvement had been met.

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be modified. Review of records confirmed that the care plans were not consistently updated following re-assessment by SALT. An area for improvement has been identified in this regard.

Additionally, review of records established that the Dysphagia audits had identified this deficit. The audit needed to clearly identify the individual staff who had not signed the SALT care plans and should have been reviewed in a timely manner to ensure this had been addressed. An area for improvement has been identified.

A review of training records confirmed that the majority of staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

We also noted documentation in place in the food preparation area.

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 reviewed identified that employment references had not been received before staff members commenced employment and had direct engagement with service users. An area for improvement has been identified.

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 agency currently uses outside agency staff and records reviewed show that all required documents were in place. There were no volunteers working in the day care setting.

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 evidence 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.

There was a robust induction programme in place.

Written records were retained by the day care setting of the person's capability and competency in relation to their job role.

A review of the records pertaining to Regulation 20 of The Day Care Settings 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, service users' relatives, 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. It was disappointing to note that whilst the monitoring visits referred to the completion of the Dysphagia audits, they had not identified that the auditing process was ineffective. RQIA will keep this matter under review.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

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 managed and were reviewed as part of the day care setting's monthly quality monitoring process.

The manager advised that there are plans in place to change the day care setting's opening hours and days for a trial period. It was agreed that the updated Statement of Purpose would be submitted to RQIA when amended.

The manager was advised to submit an application for registration as manager to RQIA.

The manager also manages another day care setting which is registered with RQIA. Advice was given in relation to further developing the system for recording the hours/days spent in each of the day care settings.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007 and Day Care Settings Minimum Standards, (revised), 2021.

	Regulations	Standards
Total number of Areas for Improvement	4*	1

* the total number of areas for improvement includes two that have been stated for a second time.

The areas for improvement and details of the QIP were discussed with the manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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 14 (3)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that all staff, including ancillary staff, receive training in respect of adult safeguarding, in line with the agency's policy and procedures.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: This has been discussed with the new Supervisor for support staff, and agreed that all training will be completed on 26.06.2023. She has agreed to ensure staff attend our inhouse training where appropriate. Support staff are aware of their accountability in relation to keeping their training up to date.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 16 (2)(b)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that a system is implemented to ensure that all staff sign the SALT care plans, to evidence their understanding of the individual service users' requirements.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: Day Care Workers are aware of their duty to communicate any changes or updates to staff members and management, and ensure SALT plans are signed by any new staff working in their rooms. This is communicated to all staff in supervision and team meetings. All staff are aware of the need to regularly check SALT plans and ensure their understanding. SALT plans dates and details are held on a central matrix and are checked monthly by Senior Day Care Worker/Manager. Day Care Workers also bring dates to supervision for auditing purposes and SALT plans are checked monthly. Bi-annual checks are also completed by monitor.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1)(a)</p> <p>Stated: First time</p>	<p>The registered person shall ensure care plans accurately reflect any updated SALT assessments.</p> <p>Ref: 5.2.3</p>

<p>To be completed by: Immediate from the date of the inspection</p>	<p>Response by registered person detailing the actions taken: Day Care Workers hold responsibility for care plans which are audited bi-monthly. Day Care Workers update care plans immediately on receipt of any new or updated assessments, and dates are shared with manager once completed. Manager will review Care Plans, sign and date on completion. These dates are also held on a central governance matrix that is returned to Head of Service on a monthly basis. Care Plans alongside SALT plans are checked in 6 weekly supervision with manager. Cross referencing of files will be completed as part of the auditing process to ensure information is complete and up to date.</p>
<p>Area for improvement 4 Ref: Regulation 21 (1)(b) (2)(b) (3)(d) Stated: First time</p>	<p>The registered person shall ensure that pre-employment checks are satisfactorily carried out and references received for all staff before they commence employment. Ref: 5.2.4</p>
<p>To be completed by: Immediate from the date of the inspection</p>	<p>Response by registered person detailing the actions taken: All information is checked and queries raised immediately with BSO if it is not clear that an Enhanced Check has been completed. Query also raised if it states that references were not available. Staff member will not commence employment until this detail is provided.</p>

Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021	
<p>Area for improvement 1</p> <p>Ref: Standard 17.9</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that any audits are explicit in relation to any deficits identified and that these are followed up in a timely manner.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Robust auditing is in place and explicit, plus reviewed and actioned with dates recorded to demonstrate compliance.</p> <p>Monitoring of the centre is completed on a monthly basis with actions completed for the following month. Outstanding actions are highlighted to Senior Manager.</p>

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