

# Inspection Report

22 November 2022



## Magherafelt Adult Centre

**Type of Service: Day Care Service**  
**Address: 55 Hospital Road, Magherafelt, BT45 5EG**  
**Tel No: 028 7936 5060**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Northern HSC Trust	<b>Registered Manager:</b> Mr Michael Davis
<b>Responsible Individual:</b> Ms Jennifer Welsh	<b>Date registered:</b> 08 December 2022
<b>Person in charge at the time of inspection:</b> Mr Michael Davis	
<b>Brief description of the accommodation/how the service operates:</b> 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 23 November 2022 between 10.20 a.m. and 3.40 p.m. The inspection was conducted by a care inspector.

The inspection examined the day care setting'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 Safeguarding (DoLS), restrictive practices, Dysphagia and Covid-19 guidance was also reviewed.

It was good to note that service users benefited from a well led service. There was a clear leadership and management structure in place which helped to ensure staff were knowledgeable about their role and responsibilities. The service was well organised and had a range of systems in place to ensure its operation and to support good communication.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

Areas for improvement relating to staff training, SALT care plans and complaints records.

All service users consulted with indicated that they felt the day care setting was providing safe, effective and compassionate care; and that the service was well-led.

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.

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

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 21 December 2021 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 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 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. Review of records confirmed that a number of staff had yet to undertake training in relation to adult safeguarding; this included care staff and catering staff. An area for improvement was identified in this regard.

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 advised that no concerns had been raised under the whistleblowing policy since the last inspection

The day care setting had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

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.

The manager advised that none of the service users currently required the use of specialised equipment. The manager was aware of the need to record the dates of any training that is provided by any external provider/health professional.

It was good to note that care reviews had been undertaken in keeping with the day care setting's policies and procedures.

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.

It was good to note that service users were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the setting supported this practice.

Service users had the support of a team of staff who were suitably skilled and experienced to meet their assessed needs.

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. Where a service user was experiencing a deprivation of liberty, their care records contained the appropriate documentation.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. Advice was given in relation to developing a resource folder 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, their care records contained the required authorisation forms.

Records examined identified that a number of safety checks and audits 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?**

From reviewing records, it was good to note that service users had an input into devising their own activities each day. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care records were written in a respectful way, supporting people to express their views and be involved in making decisions about their care, respecting and promoting people's privacy, dignity and independence. 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.

### **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 modified.

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. Following the inspection, the manager confirmed to RQIA by email that the outstanding training needs had been addressed. There was a system in place to ensure that staff had read and understood each individual SALT Care plan. However, it was evident that there had been no signatures recorded in a significant period of time. This was concerning, given that in one instance, the SALT care plan had been updated a number of times since it had last been signed by staff. An area for improvement has been identified.

It was good to note that there was a comprehensive resource folder available for staff to reference.

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.

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?**

A review of the day care setting's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (Access NI), were completed and verified before staff members 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 monitoring arrangements in place were satisfactory.

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

### **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, structured, three day induction programme which also included shadowing of a more experienced staff member. 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 recruited, 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 quality 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 quality monitoring established that there was engagement with service users, relatives, staff and HSC Trust representatives. The reports included details of a review of accident/incidents; safeguarding matters; staff recruitment, training and staffing arrangements. Advice was given in relation to the use of using unique identifier numbers as a means of anonymising the names of the people spoken with and records reviewed; this would enable traceability. The manager was also advised to include more details in the section pertaining to the follow up of previous months' action plans.

There was a system in place to record any complaints. Review of the complaints records identified that they were incomplete and did not evidence the action taken by the manager to address the matters raised. An area for improvement has been identified.

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.

The Statement of Purpose required to be updated. Following the inspection an updated Statement of Purpose was submitted to RQIA within an agreed timescale.

The manager advised that the Annual Quality Survey had been undertaken and that they were awaiting the formalised report to be completed. It was agreed that this would be submitted to RQIA when completed.

### **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.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of Areas for Improvement</b>	2	1

The area for improvement and details of the QIP were discussed with Michael Davis, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.



<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (3)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of the inspection	<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: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>            I have liaised with our Community Domestic Services Assistant Manager who has advised me that our Domestic Staff will be booked on the next available adult safeguarding course, this will be completed by 31<sup>st</sup> January 2023.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 16 (2)(b)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of the inspection	<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: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            All staff will have read and signed all service users' SALT care plans by the end of week commencing 06<sup>th</sup> January 2023. SALT Care plans will be a standing agenda on all team meetings and supervisions and regular reflection on SALT Care Plans and associated learning will be encouraged in supervisions.            The Dysphagia matrix will be audited by Registered Manager monthly to ensure all staff training is up to date and that all service user SALT Care Plans have been recorded as being read and signed by staff. Any updates to SALT Care plans will be passed on to staff via team meetings and supervision sessions to ensure all staff are aware of any changes and have read and signed any updated SALT care Plans.</p>
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 14.10	<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>

<p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>Ref: 5.2.6</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Complaints records are to be completed appropriately as per NHSCT's Complaints and Service User Feedback Policy and Procedure. All records of complaints are to include all details regarding what actions have been taken along with a record of whether the complainant is satisfied with the outcome of the investigation.</p> <p>The Adult Centre's Complaints &amp; Compliments file is to be continued to be audited monthly by Registered Manager as part of the Adult Centre's monthly Governance Audit, and senior management will also review and audit the file during monthly monitoring visits.</p> <p>Manager is to discuss complaints and compliments with staff at all team meetings and supervision sessions as part of a standing agenda.</p>

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



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