

# Inspection Report

29 October 2021



## Lurgan Road Day Care Services

Type of service: Day Care Setting  
Address: 76 Lurgan Road, Portadown, BT63 5QR  
Telephone number: 028 3839 4531

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

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| <b>Organisation/Registered Provider:</b><br>Praxis Care Group<br><br><b>Responsible Individual:</b><br>Mr Greer Wilson                                                                                                                                                                                                           | <b>Registered Manager:</b><br>Mrs Vanessa Coulter<br><br><b>Date registered:</b><br>11 May 2010 |
| <b>Person in charge at the time of inspection:</b><br>Mrs Vanessa Coulter                                                                                                                                                                                                                                                        |                                                                                                 |
| <b>Brief description of the accommodation/how the service operates:</b><br>Lurgan Road Day Care Services is a day care setting that is registered to provide care and day time activities for up to 30 people with learning disabilities. The day care setting is open Monday to Friday and is managed by the Praxis Care Group. |                                                                                                 |

## 2.0 Inspection summary

An unannounced care inspection took place on 29 October 2021 from 9.35 a.m. to 2.25 p.m.

This inspection focused on staff registrations with the Northern Ireland Social Care Council (NISCC) and/or the Nursing and Midwifery Council (NMC) as appropriate, adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring and Covid-19 guidance.

This inspection also sought to assess progress with any issues raised in the previous quality improvement plan (QIP).

One area for improvement was made in relation to dysphagia training.

Good practice was identified in relation to the monitoring of care staffs' registrations with the NISCC and/or the NMC as appropriate. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

The findings of this report will provide the establishment 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 in relation to the day care setting. This included the previous inspection report and QIP and any written and verbal communication received since the previous care inspection.

During our inspection we focused on speaking with the service users and staff to find out their views on the service.

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

We discussed any complaints and incidents during the inspection with the day care worker 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.

Two areas for improvement identified at the last care inspection were reviewed and an assessment of compliance was recorded as met.

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.

Eight service user/relative questionnaires were returned to RQIA within the timeframe for inclusion in this report. All respondents indicated that they were either very satisfied or satisfied that care was safe, effective, compassionate and well led with the exception of one. One respondent indicated that they were neither satisfied or unsatisfied that care was safe and compassionate. However, the respondent provided an additional comment "I enjoy the day care service".

One staff response was received and the respondent indicated that they were very satisfied that care was safe, effective, compassionate and well led.

The findings of the inspection were provided to the day care worker at the conclusion of the inspection.

### 4.0 What people told us about the service

The information provided by the service user 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. We spoke with one service user and four staff including the manager.

### **Comments received during the inspection process included:**

#### **Service user's comments:**

- "I love it here."
- "Staff treat me very well and I get to choose what goes on my timetable."
- "We bake shortbread, apple tart and lots more. We help deliver the baking to the shops"
- "Staff always wear their PPE and tell me the importance of cleaning my hands with sanitiser."
- "This is a lovely day centre."

#### **Staff comments:**

- "Care and support to service users is very much individualised and support plans are in place."
- "I had a very good induction and staff made me feel very welcome."
- "I am fully aware of adult safeguarding matters, the types of abuse and the importance of immediate reporting of any concerns."
- "Good team work and I am well supported in my role."
- "I have access to all policies and procedures and the manager will update us at team meetings of new policies and procedures."
- "I am fully aware of the service users' dysphagia needs."
- "I have done DoLS training."
- "We have regular team meetings and supervision."

## **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 inspection of the service was undertaken on 14 December 2020 by a care inspector; two areas for improvement were identified. A QIP was issued. This was approved by the care inspector and was validated during this inspection.

| <b>Areas for improvement from the last inspection on 14 December 2020</b>                                   |                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |
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| <b>Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007</b>   |                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Validation of compliance</b> |
| <b>Area for Improvement 1</b><br><br><b>Ref:</b> Regulation 14 (1) (a) (c)<br><br><b>Stated:</b> First time | The registered person shall that chemicals are stored in line with Control of Substances Hazardous to Health (COSHH) regulations.                                                                                                                                                                                                                                                                       | <b>Met</b>                      |
|                                                                                                             | <b>Action taken as confirmed during the inspection:</b><br>The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. The environment was observed and all chemicals were stored appropriately in line with Control of Substances Hazardous to Health (COSHH) regulations.                                                      |                                 |
| <b>Area for Improvement 2</b><br><br><b>Ref:</b> Regulation 13 (7)<br><br><b>Stated:</b> First time         | The registered person should review and develop an established system to assure compliance with best practice in infection prevention and control within the day care setting.                                                                                                                                                                                                                          | <b>Met</b>                      |
|                                                                                                             | Matters as detailed below should be addressed with immediate effect: <ul style="list-style-type: none"> <li>• all notices displayed should allow for effective cleaning</li> <li>• gloves, toilet rolls and service user single use wipes should not be stored uncovered in bathrooms</li> <li>• all shelves should be able to be cleaned effectively</li> <li>• remove unnecessary clutter.</li> </ul> |                                 |
|                                                                                                             | <b>Action taken as confirmed during the inspection:</b><br>The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. The environment was observed and all infection prevention and control matters identified at the previous care inspection had been satisfactorily addressed.                                               |                                 |

## 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). An Adult Safeguarding Champion Position Report had been completed.

Discussions with the day care worker demonstrated 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 confirmed that care staff were required to complete adult safeguarding training during their induction programme and regular updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents 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 relevant Health and Social Care Trust in relation to adult safeguarding matters.

Records viewed and discussions with the day care worker indicated that one referral had been made with regard to adult safeguarding since the last inspection. Adult safeguarding matters were reviewed as part of the quality monitoring process.

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

All incidents and accidents were recorded on an electronic system which are reviewed and audited by the manager, to ensure follow up of any outstanding actions. 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 roles. Discussion with staff confirmed that mandatory staff training was up to date. Staff consulted on the day of inspection confirmed that they had received sufficient training to enable them to fulfil the duties and responsibilities of their role.

Staff were provided with DoLS training. Staff had an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

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, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

On entering the day care setting the inspector's temperature and contact tracing details were obtained by the day care worker who advised that this is completed for all persons entering the day care setting in line with current Covid-19 guidelines.

The environment was observed during a tour of the day care setting 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 IPC measures were in place, which included supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins. Wall mounted 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 (putting on) and doffing (taking off) PPE.

Rooms were spacious and it was noted that social distancing guidelines were being adhered to. Staff discussed how they adapted activities during the pandemic to reduce the risk of transmission of the virus.

Discussion with the day care worker and staff identified that they had a good understanding of the procedure to follow in the event of service users or staff being diagnosed with Covid-19. We discussed the provision of mandatory training specific to IPC measures with staff. Staff confirmed that they had undertaken IPC training and that the training provided them with the necessary skills and knowledge to care for and support service users. A review of staff training records confirmed that staff had received training in IPC and Covid-19 awareness including the donning and doffing of PPE. The day care worker confirmed that management were monitoring progress with overall mandatory training to ensure full compliance.

Staff described how they wore PPE for activities that brought them within two metres of service users. The staff members spoken with reported that there was an appropriate supply of PPE and sufficient bins available to allow the safe disposal of 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 and were knowledgeable about IPC during discussions.

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

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 were also implementing the specific recommendations of the SLT to ensure the care received in the setting was safe and effective.

It was noted that a number of service users had been assessed by SLT in relation to dysphagia needs and specific recommendations made with regard to their individual needs in respect of food and fluids. Staff spoken with demonstrated a good knowledge of service users' wishes, preferences and assessed needs and how to modify food and fluids.

The manager advised that she had undertaken dysphagia training. Training records reviewed did not provide assurances that dysphagia training has been undertaken by all staff. An area for improvement was identified.

### **5.2.3 Are there robust systems in place for staff recruitment?**

The manager advised that there were no newly recruited staff to the day care setting and that the staff team had all worked in the day care setting for a number of years. The manager confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and direct engagement with service users.

A review of records confirmed all staff working in the day care setting were registered with NISCC and/or the NMC, as appropriate. 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 minimum standards. The manager confirmed that all staff were aware that they were not permitted to work if their professional registration was to lapse.

Discussion with staff confirmed that they were registered with NISCC and/or the NMC, as appropriate. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The manager told us that the centre does not use volunteers or voluntary workers.

### **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 by a monitoring officer. A sample of reports viewed provided evidence that the monitoring process included engagement with service users, service users' representatives and staff, also that the conduct of the day care setting was examined and that action plans for improvement were developed, if necessary.

Quality monitoring reports included review of service user care records; accident/incidents; safeguarding matters; complaints; compliments: staff recruitment and training, and staffing arrangements.

There was a process for recording complaints in accordance with the day care setting's policy and procedures. The day care worker confirmed that no complaints were received since the date of the last inspection.

Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the manager was made aware of any complaints.

Discussions with staff evidenced that they were knowledgeable regarding service users' individual needs. Staff also demonstrated awareness of the need for person-centred interventions which facilitate engagement with service users and promote effective communication and social engagement.

There was a system in place to ensure that staff received supervision and appraisal in accordance with the day care settings policies and procedures.

It was established during discussions with the day care worker 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 Conclusion

Based on the inspection findings and discussions held with staff and a service user, 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.

One area for improvement was made in relation to dysphagia training.

The inspector would like to thank the manager, service user and staff for their support and co-operation throughout the inspection process.

## 7.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with the Day Care Settings Minimum Standards, 2012.

|                                              | Regulations | Standards |
|----------------------------------------------|-------------|-----------|
| <b>Total number of Areas for Improvement</b> | 0           | 1         |

This inspection resulted in an area for improvement being identified. Findings of the inspection were discussed with the day care worker, as part of the inspection process and can be found in the main body of the report.

| <b>Quality Improvement Plan</b>                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 21</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>Immediate and ongoing from the date of inspection</p> | <p>The registered person shall ensure that staff are trained for their roles and responsibilities.</p> <p>This specifically relates to dysphagia training.</p> <p>Ref: 5.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>Dysphagia resources have been received and collated in a file as a reference for staff. 'Be safety aware with food and drink' posters displayed. Online training accessed and all staff will complete before the end of December 21.</p> |

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



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