

Inspection Report

16 June 2021



Derg Valley Care Centre

Type of Service: Day Care Setting
Address: 5 – 7 Parkview Road, Castlederg, BT81 7BN
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1.0 Service information

Organisation/Registered Provider: Derg Valley Care Ltd Responsible Individual: Mr Martin Duffy	Registered Manager: Mrs Gladys Armstrong
Person in charge at the time of inspection: Mrs Gladys Armstrong	Date manager registered: 2 June 2010
Brief description of the accommodation/how the service operates: Derg Valley Care Centre is a day care setting that is registered to provide care and day time activities for up to 40 service users over the age of 65, who may also be frail and / or, have dementia or who have needs arising from mental health diagnosis, physical disability, sensory impairment or a learning disability. The day centre is open on Wednesday and is managed by Derg Valley Care Ltd.	

2.0 Inspection Summary

An unannounced care inspection took place on 16 June 2021 between 9.00am and 1.20pm.

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

Service users said that they were very satisfied with the standard of care and support provided.

Good practice was identified in relation to infection prevention and control measures. 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.

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 about this day centre. This included the previous inspection report and Quality Improvement Plan (QIP) and written and verbal communication received since the previous care inspection.

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

We discussed any complaints and incidents during the inspection with the manager 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 centre. This included service user/relative questionnaires and a staff poster. Ten service users' responses were received and the respondents were very satisfied that care was safe, effective, compassionate and well led. No staff responses were received within the timescale requested.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

The information provided by service users during the inspection indicated that there were no concerns in relation to the day centre. All confirmed that they were very satisfied with the standard of care and support provided. The inspector spoke with seven service users and four staff including the manager.

Service users' comments:

- "This centre is a very important part of my life and I truly missed coming when the centre was closed."
- "Care here is excellent and you couldn't get better."
- "I am treated with great kindness and my views are always listened to."
- "Staff are very good at wearing their PPE."
- "There is always enough staff to see to me."
- "I feel safe and supported here."
- "Lots of hand sanitiser available to all."

Staff comments:

- "A lot of work has been undertaken in the centre to ensure the service users' safety since Covid-19."
- "We have Mental Capacity Act information available for all staff."
- "I have had infection prevention and control training and this included donning and doffing."
- "Care and support provided is very good."
- "There are no service users on modified diets."
- "Social distancing is in place and lots of extra cleaning."
- "There is currently enough staff to meet the service users' needs."

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 2 October 2019 by a care inspector; six areas for improvement were identified. A QIP was issued. This was approved by the care inspector and will be validated during this inspection.

5.1.2 Review of areas for improvement from the last care inspection dated 2 October 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p>	<p>The registered provider shall, having regard to the size of the day centre, the statement of purpose and the number and needs of service users-</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day centre in such numbers as are appropriate for the care of service users.</p> <p>Action taken as confirmed during the inspection:</p> <p>The returned quality improvement plan and discussion with the responsible person confirmed that this area for improvement had been addressed. The responsible person advised that following the last care inspection a review of staffing levels had been undertaken and an ancillary staff member was employed to assist with catering duties. Service users and staff advised that there was enough staff to ensure the safety of the people who used the service. 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.</p>	Met
<p>Area for improvement 2</p> <p>Ref: Regulation 28</p> <p>Stated: Second time</p>	<p>The responsible person must ensure that:</p> <ul style="list-style-type: none"> The monthly monitoring visits are in compliance with Regulation 28 of The Day centre Regulations (Northern Ireland) 2007. 	

	<ul style="list-style-type: none"> The monthly monitoring reports for this setting are improved. The visits must identify the time of the visit, if the visit is announced or unannounced, monitor all of the matters as described in the day centres standards, monitor issues identified in the RQIA guidance and report on the conduct of the setting, including compliance with regulations or standards. 	
	<p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the responsible person confirmed that this area for improvement had been addressed. The inspector reviewed a sample of reports from October 2020 to April 2021 and these reports were found to be satisfactory.</p>	
<p>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</p>		<p>Validation of compliance</p>
<p>Area for improvement 1 Ref: Standard 5.3 Stated: First time</p>	<p>The registered person should review care plans to ensure that these are signed by the service user, staff member and manager. Where the service user is unable or chooses not to sign, this should be recorded and the basis of his/her agreement to participate noted.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of three care records evidenced that this area for improvement had been addressed.</p>	
<p>Area for improvement 2 Ref: Standard 15.3 Stated: First time</p>	<p>The registered person shall ensure that the initial review should take place within 4 weeks of the commencement of the placement; thereafter reviews should take place at the times or intervals specified in the care plan, or in response to changing circumstances, or at the request of service users or other persons, including carers, or agencies involved in their care. As a minimum, a formal review should take place once a year; however reviews must not become a "routine" or "administrative" task.</p>	<p>Carried forward to the next care inspection</p>

	<p>Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>	
<p>Area for improvement 3 Ref: Standard 4.4 Stated: First time</p>	<p>The registered person shall ensure that the assessments are kept under continual review, amended as changes occur and kept up to date to accurately reflect at all times the needs of the service user.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of three care records evidenced that this area for improvement had been addressed.</p>	
<p>Area for improvement 4 Ref: Standard 9.2 Stated: First time</p>	<p>The registered person shall review the current activity programme and ensure that the types of activities offered are diverse and varied, engaging, purposeful, enjoyable, age and culturally appropriate and promote healthy living.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. The activity programme had been reviewed and updated following the last inspection. The inspector reviewed the activity programme and found it to be satisfactory.</p>	

5.2 Inspection findings

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

The day centre'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 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 staff are required to complete adult safeguarding training during their induction programme and required 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 centre's policy and procedure with regard to whistleblowing.

The day centre has a system for retaining a record of referrals made in relation to adult safeguarding matters. Records viewed and discussions with the manager indicated that no referrals had been made with regards to adult safeguarding since the last inspection. 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. The day centre has provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

Service users and staff advised that there was enough staff to ensure the safety of the people who used the service. 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. It was noted that no incidents had been reported since the last inspection.

Staff were provided with training appropriate to the requirements of their role. This included 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. The manager confirmed that no restrictive practices were used in the day centre.

There was a good system in place to share information relating to Covid-19 and infection prevention and control (IPC) practices. Staff were observed adhering to guidance and were knowledgeable about IPC during discussions.

The environment was observed during the inspection and there was evidence of infection prevention and control measures in place such as 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. Wall mounted hand sanitisers were strategically located throughout the day centre. Wall mounted hand sanitisers checked were clean, sufficient product was available and these were well maintained and fit for purpose. There were numerous laminated posters displayed throughout the day centre 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.

5.2.2 Are their robust systems in place for staff recruitment?

The manager advised that there were no newly recruited care staff to the day centre and that the staff team had all worked in the day centre 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 centre are currently registered with NISCC. 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 are aware that they are not permitted to work if their professional registration lapses. Discussion with staff confirmed that they were registered with NISCC. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.3 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 the responsible person. A sample of reports viewed from October 2020 to April 2021 provided evidence that the monitoring process included engagement with service users, service users' representatives and staff, also that the conduct of the day centre was examined and that action plans for improvement were developed, if necessary.

There is a process for recording complaints in accordance with the day centre's policy and procedures. The manager 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.

The discussions with the manager and staff confirmed that no service users require assessment by the Speech and Language Therapist (SALT) in relation to dysphagia needs. It was positive to note that all staff had attended training in relation to dysphagia awareness.

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

Staff described their role in relation to reporting poor practice and their understanding of the centre's policy and procedure on whistleblowing.

It was established during discussions with the manager that the day centre 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 the manager, staff and service users, 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 by the manager.

This inspection resulted in one area for improvement being carried forward to the next inspection.

The inspector would like to thank the manager, service users 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.

Findings of the inspection were discussed with Mrs Gladys Armstrong, manager, as part of the inspection process and can be found in the main body of the report.

	Regulations	Standards
Total number of Areas for Improvement	0	*1

*One area for improvement is carried forward to the next inspection.

Quality Improvement Plan

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p>Area for improvement 1</p> <p>Ref: Standard 15.3</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2019</p>	<p>The registered person shall ensure that the initial review should take place within 4 weeks of the commencement of the placement; thereafter reviews should take place at the times or intervals specified in the care plan, or in response to changing circumstances, or at the request of service users or other persons, including carers, or agencies involved in their care.</p> <p>As a minimum, a formal review should take place once a year; however reviews must not become a “routine” or “administrative” task.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p> <p>Ref: 5.1.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered person has reviewed a number of files to ensure compliance.</p>



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Authority

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