

Announced Care Inspection Report 16 February 2021



Drumross Adult Centre

Type of Service: Day care
Address: 81 O'Neill Road, Newtownabbey, BT36 6UN
Tel No: 028 9084 9632
Inspector: Corrie Visser

www.rqia.org.uk

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Drumross Adult Centre is a day care setting with a maximum of 80 places that provides care and day time activities for adults living with a learning disability who may also have a physical disability, sensory needs, autism, mental health needs and support with behaviours which may challenge.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual: Ms Jennifer Welsh	Registered Manager: Mrs Clare Rolston – registration pending
Person in charge at the time of inspection: Mrs Clare Rolston	Date manager registered: Clare Rolston – application received 14 October 2020

4.0 Inspection summary

An announced inspection took place on 16 February 2021 from 09.30 to 11.35 hours.

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. Since the inspection on 4 and 5 December 2018, RQIA have not completed a primary inspection. Whilst RQIA was not aware that there was any specific risk to the service users a decision was made to undertake an on-site inspection adhering to social distancing guidance.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

The day care settings provision for the welfare, care and protection of service users was reviewed. We viewed the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 which is maintained by the agency in relation to the safeguarding of adults.

On the day of the inspection it was noted that a number of incidents had taken place since the previous inspection on 4 and 5 December 2018. We examined the records and found that the day care setting had dealt with the incidents in accordance with its own policy and procedure.

The day care setting maintains and implements a policy relating to complaints. On the day of inspection it was noted that five complaints had been received since the last inspection. We examined the records and found that the day care setting had dealt with the incidents in accordance with its own policy and procedure.

It was positive to note that the day care setting had received 21 compliments, comments included:

- “With thanks for all your hard work during a very difficult 2020.”
- “They have been very helpful and supportive, always have been, very high praise for them all.”

- “Thanks for all your kindness.”
- “My daughter is very happy going to Drumross every day. She is well cared for and loves all the staff. Very clean place.”

Evidence of good practice was found in relation to recruitment, staff registrations with NISCC and staff training and induction.

Good practice was also found in relation to all current Covid-19 guidance and the use of personal protective equipment (PPE) guidelines, Covid-19 education and management including infection prevention and control (IPC) measures.

The findings of this report will provide the manager with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users’ experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 4 and 5 December 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 4 and 5 December 2018.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this day care service. This included the previous inspection report, the returned Quality Improvement Plan (QIP), notifiable events, and written and verbal communication received since the previous care inspection.

Following our inspection we focused on contacting the service users, their relatives and staff to find out their views on the service. We also attempted to speak with HC professionals involved with the service however no responses were received.

We ensured that the appropriate staff checks were in place before staff work with service users.

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for day care settings in Northern Ireland.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included service user/relative questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA. No service user/relative questionnaires were received and two staff responses were received.

Following the inspection we spoke with one service user, two staff members and two service users' relatives.

No areas for improvement were identified during this inspection.

We would like to thank the manager, service users, service user's relatives and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (4) Stated: Second time	The registered person shall seek guidance from the Directorate of Legal Services to ensure that any planned arrangement to use the standalone sectional building for an individual service user does not require action under Deprivation of Liberty.	Met
	Action taken as confirmed during the inspection: Advice and guidance was sought from the Directorate of Legal Services in relation to an individual service user due to the high level of supervision required and there was regular communication with us. The individual service user does not attend the day centre any longer. The standalone room is now used for one service user two days per week who can also access the main unit and the other three days it is used as an extension of zone 2 to create capacity as smaller rooms had to be converted into an isolation room.	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 21.1 Stated: Second time	The registered person shall improve the induction for new staff so it includes a competency type of induction in keeping with NISCC's Induction Standards.	Met
	Action taken as confirmed during the inspection: Induction for staff incorporates the NISCC Induction Standards and there is a checklist which is signed and dated when the new staff	

	member is assessed as competent in every domain.	
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6.1 Inspection findings

Recruitment:

The day care setting's staff recruitment processes were noted to be managed in conjunction with the organisation's human resources (HR) department. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with relevant legislative requirements and their policy and procedures. It was discussed that once the pre-employment checks are completed, an email is sent from HR confirming this and a start date of employment can be issued. This ensures that the persons employed are suitable to be working with service users.

We reviewed the agency's matrix to monitor staff registration with NISCC and confirmed that all staff were currently registered with the relevant professional body. The manager reported that the registered is checked every three months to ensure staff are registered. The manager and staff confirmed that they were aware they are not permitted to work if their NISCC registration lapses.

Comments from service users included:

- "I love it."
- "I can't wait to go back."

Comments from service users' relatives included:

- "I am very happy."
- "He is doing well."
- "The staff are really great with him."
- "I am very pleased with the care."
- "It's like a big family."
- "She loves going to the centre."

Comments from care workers included:

- "There is good support."
- "We work well together as a team in our zones."
- "I can speak to the manager at any time."
- "We get regular supervision."
- "We are very thorough with our PPE."
- "Intensive cleaning is done during the day and when the service users go home."
- "Everything we use is wiped down after every use."
- "We are well protected in work."
- "The manager is very helpful."
- "Induction booklets were used when I first started and once completed they were signed off."
- "Training is beneficial and we are encouraged to keep our training up to date."

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.

Two responses were received from staff via the electronic survey. Both respondents were satisfied that the care being delivered is effective and compassionate. One respondent was satisfied that the care was safe, the other was neither satisfied nor dissatisfied. One respondent was satisfied that the delivery of care is well led, the other respondent was dissatisfied. This feedback has been discussed with the manager and assurances were provided that this will be discussed further at a team meeting.

Covid-19

The manager and staff described the IPC measures that were in place around the day care setting which include PPE stations and hand sanitisers strategically located through the setting.

Discussion with the manager 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. Staff training records confirmed that staff had received training in IPC in line with their roles and responsibilities.

Staff had also completed training in relation to Covid-19 and training on the donning (putting on) and doffing (taking off) of PPE. Signage was displayed throughout the day care setting in relation to donning and doffing guidance.

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.

Environmental changes and changes to the routines of the day care setting had been made, to ensure that social distancing could be maintained. Chairs in the activity room had been rearranged to ensure that the two metre distance could be maintained.

There was also a system in place to ensure that staff and service users had a daily wellness and temperature check recorded.

Enhanced cleaning schedules were in place, to minimise the risk of cross contamination. This included the frequently touched points throughout the building. Staff confirmed that they engage in intensive cleaning throughout the day by cleaning hard surfaces and frequently touched points.

A Covid-19 file was available and included information relating to:

- NHSCT – Implementation of PHE Guidance 1 April 2020
- PHA – Table 4
- Donning and Doffing procedure
- DoH – Novel Coronavirus: Advice for HSC in NI
- DoH – Face masks/face covering in all HSC facilities
- Advice for supporting staff psychological wellbeing during and beyond Covid-19
- Employee and Manager helplines – who should I contact
- Health check questionnaires for day services

We reviewed the current practices relating to the following areas of guidance and good practice pertaining to Covid-19.

- Dissemination of information to staff.
- Monitoring of staff practice.
- IPC policies and procedures have been updated to address all current guidance in relation to Covid-19.
- Staff training and guidance in relation to infection prevention and control and the use of PPE, in line with guidance.

We reviewed records relating to infection prevention and control policies which were in line with the guidance.

The procedures and guidance in place evidenced that:

- robust systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff
- there are effective systems in place to monitor staff compliance with good IPC practices
- all staff working in the service are able to demonstrate their knowledge of IPC practice commensurate to their role and function in the service

From feedback, it was positive to note that staff were working well together to support the best outcomes for service users, in a caring manner whilst being caring and compassionate to both service users and their relatives.

It was also noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life, as confirmed in discussions with staff. Staff are being vigilant in terms of monitoring people for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19.

Areas of good practice

Evidence of good practice was found in relation to recruitment, staff registrations with NISCC and staff training and induction.

Good practice was also found in relation to all current Covid-19 guidance and the use of PPE guidelines, Covid-19 education and management including IPC measures.

Areas for improvement

No areas for improvement were identified during this inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

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



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