

Inspection Report 7 September 2021



Derg Valley Day Care

Type of service: Day Care Setting

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Derg Valley Care Ltd	Registered Manager: Mrs Gladys Armstrong
Responsible Individual: Mr Martin Duffy	Date registered: 26 August 2010
Person in charge at the time of inspection: Mrs Gladys Armstrong	
Brief description of the accommodation/how the service operates: This is a day care setting with 40 places that provides care and day time activities for people over the age of 65, who may also be frail and / or, have dementia or who have needs arising from mental health diagnosis, sensory impairment or a learning disability. The day care setting is open Monday, Tuesday and Friday and is managed by Derg Valley Care Ltd.	

2.0 Inspection summary

An unannounced care inspection took place on 7 September 2021 from 10.15 a.m. to 2.20 p.m.

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

There were no areas for improvement identified during this inspection.

Good practice was identified in relation to staff training and the monitoring of care staffs' registrations with the NISCC. 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 about this day care setting. This included the previous inspection report and Quality Improvement Plan (QIP) and any 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 care setting'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 care setting. This included service user/relative questionnaires and a staff poster. Eight 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 responsible person and 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 care setting. All confirmed that they were very satisfied with the standard of care and support provided. The inspector spoke with six service users and four staff including the manager.

Service users' comments:

- "This is a great place to come; staff always make you feel welcome."
- "Top class service."
- "I feel safe with all the changes in the centre to keep Covid out."
- "I enjoy all that I do here bingo, art and much more."
- "I get to choose what I want to do here."
- "Very happy coming here; the best service you'll get."
- "The centre is always warm and clean."

Staff comments:

- "The manager is very supportive, is always available to staff and gives advice on matters raised."
- "Care is individualised."
- "We work hard to keep service users and staff safe in the centre given Covid. There is lots of extra cleaning, social distancing, temperature checks and we always wear our PPE."
- "I have done all the mandatory training, good training offered. I have done IPC and Covid awareness training and I have also done DoLS training."
- "Staffing levels good at present and meet service users' needs."

- “No restrictive practice in the centre.”
- “We have done dysphagia awareness training and know the importance of carrying the speech and language therapist’s recommendations.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Review of areas for improvement from the last care inspection dated 20 September 2019 seven areas for improvement were identified. A QIP was issued. This was approved by the care inspector and will be validated during this inspection.

Quality Improvement Plan		
Areas for improvement from the last inspection on 20 September 2019		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) (a) Stated: First time To be completed by: 30 November 2019	<p>The registered provider shall, having regard to the size of the day care setting, 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 care setting in such numbers as are appropriate for the care of service users.</p>	Met
<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 and support at the time of inspection evidenced that service users’ needs were effectively met by the number of staff on duty.</p>		

<p>Area for improvement 2</p> <p>Ref: Regulation 14 (1) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall that chemicals are stored in line with Control of Substances Hazardous to Health (COSHH) regulations.</p> <hr/> <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 undertook a tour of the day centre and evidenced that all chemicals were stored appropriately.</p>	Met
<p>Area for improvement 3</p> <p>Ref: Regulation 19 (1) (a) Schedule 4</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2019</p>	<p>The registered person shall maintain in respect of each service user a record which includes the information, documents and other records specified in Schedule 4 relating to the service user including a recent photograph of the service user.</p> <hr/> <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>	Met
<p>Area for improvement 4</p> <p>Ref: Regulation 28</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing</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 Care Setting Regulations (Northern Ireland) 2007. • 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 care settings standards, monitor issues identified in the RQIA guidance and report on the conduct of the setting, including compliance with regulations or standards. <hr/> <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 and these reports were found to be satisfactory.</p>	Met

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 5.3 Stated: First time To be completed by: Immediate and ongoing	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.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. Review of three care records evidenced that this area for improvement had been addressed.	
Area for improvement 2 Ref: Standard 9.2 Stated: First time To be completed by: 30 November 2019	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.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the registered 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.	
Area for improvement 3 Ref: Standard 15.3 Stated: First time To be completed by: 30 November 2019	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.	Met

	<p>Action taken as confirmed during the inspection:</p> <p>The returned quality improvement plan and discussion with the registered 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>	
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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 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 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 manager indicated that no referrals had been made with regard to adult safeguarding since the last inspection. Adult safeguarding matters were 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 care setting had 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 and discussion with staff evidenced that they were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, discussions with staff and the manager evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users.

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.

The environment was observed during a tour of the day care setting and there was evidence of infection prevention and control measures in place such as Personal Protective Equipment (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 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.

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. 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 manager 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.

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 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 advised that she was aware of her role and responsibilities in relation staff recruitment and that staff recruitment would be managed in accordance with the regulations and minimum standards.

A review of records confirmed all staff working in the day care setting were 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 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. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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

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 SALT 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 SALT 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. It was positive to note all staff had undertaken dysphagia awareness training.

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.

There was a process for recording complaints in accordance with the day care setting'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.

Discussions with the manager and staff described positive working relationships in which issues and concerns could be freely discussed; staff reported they were confident that they would be listened to. In addition, staff confirmed that they felt supported by management.

It was established during discussions with the manager 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 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.

There were no areas for improvement identified during this inspection.

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

7.0 Quality Improvement Plan/Areas for Improvement

	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 Mr Martin Duffy, Responsible Person and Mrs Gladys Armstrong, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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