

# Inspection Report

26 September 2022



## Derg Valley Day Care

Type of service: Day Care Setting  
Address: 5-7 Parkview Road, Castlederg, BT81 7BN  
Telephone number: 028 8167 0764

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Derg Valley Day Care  <b>Responsible Individual:</b> Mr Martin Duffy	<b>Registered Manager:</b> Mr James Byrne ( Acting manager) <b>Date registered:</b>
<b>Person in charge at the time of inspection:</b> Mr James Byrne	
<b>Brief description of the accommodation/how the service operates:</b> 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 inspection was undertaken on 26 September 2022 between 10.30 a.m. and 12.30 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency'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 Safeguards (DoLS), Service user involvement, Restrictive practices, Dysphagia management and Covid-19 guidance was also reviewed.

It was positive 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 clear 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. Staff we spoke with demonstrated good caring values and a desire to provide service users with quality personalised care. Staff were familiar with the choices and preferences of individual service users and strove to deliver on these.

### 3.0 How we inspect.

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.

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 staff survey.

### 4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members.

The information provided indicated that there were no concerns in relation to the day care setting.

Comments received included:

#### Service users' comments:

- "I enjoy the centre."
- "I'm glad to be back."
- "Good staff."
- "Food good very tasty."
- "I have no complaints."
- "I really enjoy the centre."
- "Great staff here."

#### Staff comments:

- "I have one to one supervision regularly."
- "All my training is up to date."
- "Good staff communication."
- "A good comprehensive induction."
- "I'm aware of my NISCC responsibilities as a care worker and work within the standards and values."

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 safe when you are at the Centre?
- Does your care protect you from harm?
- Is care effective – does your care work well for you?
- Is care compassionate – is your care given kindly with dignity and respect?
- Is the service well led – does the manager run the Centre in a good way?



No service user or staff questionnaires were returned prior to the issue of this 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 inspection of the day care setting was undertaken on 7 September 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. An annual safeguarding champion position report was available for review and was satisfactory.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns. They could also 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 retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that one concern had been received since the last inspection. This was reviewed and actioned as part of the settings policy and procedures.

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

Staff were provided with training appropriate to the requirements of their role. Where service users may require the use of specialised equipment to assist them with moving/lifting, this is included within the day care setting's mandatory training programme. A review of records confirmed that where the day care setting was unable to provide training in the use of specialised equipment, this is identified by the setting before care delivery commences and training is requested from the HSC Trust. The manager reported that no service users currently required the use of specialised equipment.

Care reviews are undertaken in keeping with the day care setting's policies and procedures, the agency must be commended for the work completed to ensure recent annual reviews. We have highlighted some of the comments received from reviews:

- "I'm really glad to be back at the centre."
- "Staff are very supportive."
- "I always have the help and support I need."
- "I like coming here and my support is good."
- "Good to get out of the house, it's a good place."

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. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act (MCA).

It was positive 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.

Staff had completed appropriate Deprivation of Liberty Safeguards DoLS training raining appropriate to their job roles. The manager reported that none of the current service users were subject to DoLS arrangements.

Records examined identified that a number of safety checks and audits had been undertaken including fire alarm tests. It was noted that the last full evacuation drill was undertaken on the 26 October 2021. Fire risk assessments for the centre were available for the inspection and had been completed in 2021 and will be reviewed 2022. Staff fire training was completed the 8 September 2022. Fire exits were observed to be clear of clutter and obstruction.

### **5.2.2 What are the arrangements for promoting service user involvement?**

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own activities. The service users' care plans contained details about their likes and dislikes and the level of support they may require.

We found an effective quality assurance survey took place regularly; we reviewed the results and outcomes that were satisfactory. The service delivered had also been regularly reviewed through a range of internal and external audits.

The setting regularly sought a range of feedback from service users, which was consistently positive.

It was also positive to note that the day care setting held service user meetings on a regular basis which enabled the service users to discuss what they wanted from attending the setting and any activities they would like to become involved in.

Some matters discussed included:

- Activities
- Staff introductions
- Lunches
- Covid-19
- Complaints

Some service users comments included:

- "Happy with meals provided."
- "Everyone enjoys the bowls."
- "I'm very happy to be here."
- "Happy with activity content."
- "Thank you to all the staff."

The day care setting had completed an annual review in relation to their practice which incorporated service user and their representatives' feedback (Regulation 17). Some of the comments received included from:

- Service users
- Focus groups
- One to one sessions
- Staff
- Relatives
- Periodic questionnaires
- Service user reps.

We noted a selection of the comments received:

- "Happy with the level of support from the manager."
- "I'm aware of procedures for raising complaints."
- "Staff are great and very attentive"
- "Staff very Caring and Supportive"
- "Quality of service they receive is excellent"
- "Care is provided in line with what I expected"
- "You can usually judge a place the minute you come into a centre, there is always a great atmosphere in Derg Valley Care"
- "The low turnover of staff is great, the staff know all the services users really well".

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

One service user has been assessed by SALT and recommendations provided.

A review of training records confirmed that staff had completed training in relation to how to respond to choking incidents. Swallowing awareness was also completed by staff during First-Aid training. Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. Dysphagia training had been completed by all staff.

### **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) and NMC or any other relevant regulatory body.

There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date. No volunteers were working in the day care setting.

### **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. The records included the names and signatures of those attending the training event, the date(s) of the training and the content of the training programme. Staff were supported by a system of induction, training and supervision to ensure they were effective in their role.

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?

The day care setting's registration certificate was displayed along with current certificates of public and employers' liability insurance

There were monthly 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, service users' relatives and staff. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

We noted some of the comments received during quality monitoring:

#### Service users:

- "I like it here and have no complaints."
- "I live for my days here."
- "The staff are all lovely."

#### Staff:

- "We offer a good standard of care."
- "I have no concerns and get on well."
- "I like the job here."

#### Relatives:

- "The staff are very good."
- "I'm happy with the care provided."
- "My relative is very happy here."

#### HSC Trust staff:

- "My client is very happy."
- "I have no concerns about the care and support."
- "My service users enjoy the centre."

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. No complaints had been received since the last inspection.

## **6.0 Quality Improvement Plan/Areas for Improvement**

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.



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care