

# Inspection Report

**Name of Service:** Derg Valley Day Care

**Provider:** Derg Valley Care Ltd

**Date of Inspection:** 7 February 2025

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 Care Ltd
<b>Responsible Individual/Responsible Person:</b>	Mr Martin Duffy
<b>Registered Manager:</b>	Mr James Byrne – Acting
<b>Service Profile</b>  Derg Valley Day Care is a day care setting that provides care and day time activities for adults up to and 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/physical disability. The day care setting is open Monday, Tuesday, Wednesday and Friday and is managed by Derg Valley Care Ltd.	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 7 February 2025, between 11.10am and 4.15pm 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 and Dysphagia management was also examined.

Two areas for improvement were identified during this inspection. These related to staff induction and service user records.

The inspection found that safe, effective and compassionate care was delivered to the service users who were observed to be relaxed and comfortable in their interactions with staff and spoke positively about the care and support they receive within Derg Valley Day Care.

### **3.0 The inspection**

#### **3.1 How we Inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the service was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this service. This included any previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors will seek the views of those attending and working in the day care setting and review/examine a sample of records to evidence how the day care setting is performing in relation to the regulations and standards.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic staff survey.

#### **3.2 What people told us about the service**

We spoke to a range of service users, relatives and staff to seek their views of attending and working within Derg Valley Day Care.

The information provided indicated that there were no concerns in relation to the day care setting. Service users who spoke with the inspector reported that they found the staff to be kind, caring and approachable. Many also valued the opportunity to socialise and participate in a range of activities within the day care setting. Relatives reported that they found the staff to communicate well and that the service as a whole provided their loved one with a variety of activities they enjoyed as well as the opportunity for them to attend their annual review. Staff who spoke with the inspector spoke positively about the management of the day care setting and felt they were provided with good training to equip them in their role.

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

The last care inspection of the day care setting was undertaken on 28 July 2023 by a care Inspector. No areas for improvement were identified.

### 3.4 Inspection findings

#### 3.4.1 Adult Safeguarding

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). The day care setting's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

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.

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 in normal business hours and out of hours. 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 no adult safeguarding concerns were raised since the last inspection.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The day care setting had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

Discussion with the manager indicated they were aware that RQIA were to be notified of any incidents that are required to be reported in keeping with the regulations.

#### 3.4.2 Mental Capacity Act and Restrictive Practice

The Mental Capacity Act (Northern Ireland) 2016 (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 had completed DoLS training appropriate to their job roles. 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. One service user had a DoLS in place but a copy of the DoLS care plan had not been received from the community key worker. The manager agreed to pursue this with the key worker immediately and to ensure that all documentation

pertaining to DoL authorisations are recorded appropriately with reviews as necessary in line with MCA legislation.

### 3.4.3 Staff Selection, Recruitment and Induction

A review of the day care setting's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), 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). 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.

Records identified that a newly appointed staff member had only completed one day of induction which does not meet NISCC's Induction Standards for new workers in social care. Records retained by the service did not provide evidence that a competency and capability assessment in relation to their job role had been completed. This was discussed with the manager during inspection who agreed to review the induction process for new staff in line with NISCC Induction Standards and to ensure that all new staff employed were subject to a robust induction process to ensure their competence in carrying out the duties of their job as per the day care setting's policies and procedures. An area for improvement has been identified.

### 3.4.4 Staff Training

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service user. Training was provided to all staff, commensurate with their roles and responsibilities; this included training on dementia, challenging behaviour, basic life support and dysphagia. There was an appropriate system in place to monitor staff training which was checked and updated on a regular basis by the manager. Where service users required the use of specialised equipment to assist them with moving, this was included within the day care setting's mandatory training programme.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required assistance with their medication. The manager was aware that should any service users require this assistance or any oral medication to be administered with a syringe, a competency assessment would be undertaken before staff undertook this task.

There were good systems in place to manage staffing. There were enough staff on duty at the time of inspection to provide safe and effective care and staff members were seen engaging with service users in a caring and compassionate manner.

### 3.4.5 Care Records and Service User Input

A review of service users' care records identified that each service user had a support plan which contained details about their likes and dislikes and the level of support they may require. Good practice was identified in relation to service user involvement and positive engagement between staff and service users was observed. Staff demonstrated a good knowledge of

service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated dietary and Speech and Language Therapy (SALT) requirements. Staff were familiar with how food and fluids should be modified and records were held within the kitchen area to ensure each service user received the correct meal.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements. One relative who spoke with the inspector voiced his appreciation of how staff kept him informed on his relative's progress within the centre and invited him to attend the annual care review.

A review of a sample of care records identified that two service users did not have an up to date moving and handling risk assessment. The importance of ensuring accurate and up to date care/support plans and risk assessments commensurate with care needs of service users was discussed with the manager who accepted this advice and agreed to review all care plans immediately and to relay any changes to care staff. An area for improvement has been identified.

It was positive to note that the day care setting had service user meetings on a regular basis which enabled the service users to give their views on they wanted from attending the day centre as well as identifying any activities they would like to become involved in. Some matters discussed included: planning activities such as bingo, music, boccia and quizzes. Service user questionnaires are distributed yearly and some of the comments noted from these are as follows:

- "I enjoy coming to the centre staff are very helpful, and kind to all that attends the centre."
- "I am very happy to be here and staff are very good."
- "Very good care and attention."
- "Very happy at day centre good friends great to have it to come to staff are excellent."

#### **3.4.6 Quality and Management of the Environment**

The day care setting was observed to be clean and tidy and suitably furnished, warm and comfortable and free of clutter. There was evidence that fire safety checks had been completed as required. Staff had completed training in regard to fire safety and had participated in a fire evacuation drill. Throughout the inspection, fire doors were observed to be unobstructed.

Hazardous substances were noted to be stored appropriately in accordance with Control of Substances Hazardous to Health (COSHH) guidance.

#### **3.4.7 Governance and Managerial Oversight**

There were monthly monitoring arrangements in place in compliance with the regulations and standards. A review of the reports of the day care setting's monthly quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; safeguarding matters; staff recruitment; and staffing arrangements including training. It was noted that one report did not include an incident where a service user fell in the day centre. The manager advised that this was an error by the person completing the report and



agreed to review the content of the monthly monitoring reports in the future and have oversight of any action plans and how they are carried out.

The reporting and recording of incidents and accidents was examined and identified that one service user who had experienced a fall within the centre did not have their care plan/ risk assessment updated after the event and recording of this incident lacked detail around the actions taken to ensure service user safety and well-being. The need to review the management of falls within the day centre as part of the accident and incident reporting protocol was discussed in detail with the manager who agreed to review the process to ensure staff competence in management of falls/incidents and accidents within the day care setting. This will be reviewed at a future inspection.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The Annual Quality Report was reviewed and was satisfactory.

The manager advised that there had been one complaint received since the last inspection in relation to the temperature of the activities room. This was not formally recorded but referenced within the service user meetings minutes and the manager was able to confirm that this had been resolved to the service user's satisfaction. Advice was given in relation to updating the complaints policy regarding how complaints are managed and recorded. The manager welcomed this advice and agreed to ensure that complaints are managed in accordance with the day care setting's policy. Compliments received were held in a folder and it was agreed that these should be dated and recorded on a monthly basis for tracking purposes. This will be reviewed at a future inspection. Compliments reviewed evidenced that both service users and relatives regarded Derg Valley Day Care highly with good satisfactions levels from relatives regarding the care provided at the day care setting.

There was a system in place for managing instances where a service user did not attend the day care setting as planned. This included a system for signing in and out the service users who attend.

The day care setting's registration certificate was not up to date as it did not name the current manager. The manager advised that there will be an application made to RQIA in the near future to register a new manager. Once completed, a new certificate will be issued and should be displayed appropriately. This will be reviewed at the next inspection. Confirmation of the required public and employers' liability insurance was noted during inspection.

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

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Martin Duffy, Responsible Individual and Mr James Byrne acting Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 16 (2) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from day of inspection	The Registered Person shall ensure that service users' care plans and risk assessments are reviewed and updated in accordance with legislation. Care plans should be reviewed on an annual basis, following any incidents or if the needs of a service user changes.
	This relates to ensuring all manual handling risk assessments and care plans of service users are kept up to date within their care records.  Ref:3.4.5
	<b>Response by registered person detailing the actions taken:</b> IManager has system in place to ensure all Service Users care plans will be reviewed annually or as required should their situation change between reviews.
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards (revised) August 2021</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 21.1  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from day of inspection	Staff who are newly appointed must complete a structured orientation and induction.
	This relates to the need to ensure a three day induction is provided for all new staff as per NISCC standards.  Ref: 3.4.3
	<b>Response by registered person detailing the actions taken:</b> We are updating our recruitment policies to take account of the NISCC three day induction requirement. In addition we have requested a copy of the WHSCT induction template to use as a guide

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Authority

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