

Inspection Report

14 December 2022



Donard Day Centre

Type of service: Day Care
Address: Slieve Roe House, Kilkeel, BT34 4BN
Telephone number: 02841764096

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

Organisation/Registered Provider: Southern Health and Social Trust	Registered Manager: Mrs Sharon Weir (Acting)
Responsible Individual: Dr Maria O’Kane	Date registered: 1 November 2022
Person in charge at the time of inspection: Acting Manager	
Brief description of the accommodation/how the service operates:	
This is a day care setting with that provides care and day time activities for older people over 65 years of age, some of whom are living with memory loss and may also have a diagnosis of dementia. This day care setting has been closed since April 2022.	

2.0 Inspection summary

An announced inspection was undertaken on 14 December 2022 between 9.30 a.m. and 1.00 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.

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.

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.

4.0 What did people tell us about the service?

As the day centre is not operational, service users, relatives and staff members were not consulted with as part of the inspection process.

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 care inspection of the day care setting was undertaken on 5 March 2020 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 5 March 2020		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 21 (3) (d) Stated: First time	The registered person shall ensure the day centre maintains documentary proof of the date of the Access N.I. Enhanced Disclosure Check and the Access N.I. reference number. Ref: 6.1	Met
	Action taken as confirmed during the inspection: The manager gave assurance that proof of pre-employment checks will be retained in each individual personnel files	

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.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

The mandatory training matrix was viewed and the system for identifying training to be renewed. The manager was aware of how to source training on the use of specialised mobility equipment should it be required in the future.

The manager explained the process of care reviews in keeping with the day care setting's policies and procedures. There was also evidence of planned regular contact with service users and their representatives, in line with the commissioning trust's requirements.

A review of the policy relating to medicines management identified that it included direction for staff in relation to administering liquid medicines. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task. A medicine folder containing the current version of the medication policy, medication error template and medication error reflective accounts templates were available for inspection.

Records examined identified that a number of safety checks and audits had been undertaken including fire alarm tests while the day centre was closed. Records of weekly checks on seldom used outlets water flushing records were viewed. Fire risk assessments for the centre were completed on the 14 November 2022 the manager has not received the report of this assessment. During the inspection fire exits were observed to be clear of clutter and obstructions.

5.2.2 What are the arrangements for promoting service user involvement?

It was also positive to note that the manager is planning to hold service user meetings on a regular basis.

The day care setting is planning to complete an annual review in relation to their practice which will incorporate service user and their representatives' feedback (Regulation 17). This will be reviewed in future inspections.

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

At this stage of the reopening plan, there are no service users who have swallowing difficulties. The manager discussed the plan for all staff to be trained in Dysphagia and choking awareness prior to the service users starting.

5.2.4 What systems are in place for staff recruitment and are they robust?

The manager plans to retain the confirmation that all pre-employment checks including criminal record checks (AccessNI), were completed and verified before staff members commence employment and have direct engagement with service users. There was a system in place for professional registrations to be monitored by the manager.

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 will complete 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, induction programme which will also include shadowing of a more experienced staff member.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There are monthly monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. This will be reviewed at a future inspection.

The Annual Quality Report was not available due to long-term closure. This will be reviewed at a future inspection.

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

The day care setting's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints will be managed in accordance with the day care setting's policy and procedure.

The manager was signposted to Part 2 of the Minimum Standards, to ensure the Statement of Purpose included all the relevant information. The person in charge agreed to submit the revised Statement of Purpose to RQIA within two weeks of the inspection.

We discussed the acting management arrangements which have been ongoing since 1 November 2022; RQIA will keep this matter under review.

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 Mrs. Sharon Weir, 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
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care