

# Inspection Report

## 14 September 2021



## Thackeray Day Centre

**Type of Service: Day Care Service**  
**Address: 12 Ballyclose Street, Limavady, BT49 0BE**  
**Tel No: 028 7776 9450**

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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> Western HSC Trust	<b>Registered Manager:</b> Ms Alice McCallion
<b>Responsible Individual:</b> Dr Anne Kilgallen	<b>Date registered:</b> Acting, no application required
<b>Person in charge at the time of inspection:</b> Ms Alice McCallion	
<b>Brief description of the accommodation/how the service operates:</b>  Thackeray Day Centre is a Day Care Setting providing care and day time activities for people who are elderly and those who are living with dementia.	

## 2.0 Inspection summary

An announced inspection took place on 14 September 2021, from 10.30am to 1.20pm by the care inspector.

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

Two areas requiring improvement were identified with regard to staff training.

Good practice was identified in relation to 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 provider 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 the service was 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 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 a review of how care staffs' registrations with the NISCC and/or the NMC 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. One relative responded within the timescale requested; they indicated that they were very satisfied with the care and support provided. Comments received included:

- "My mother really loves going to Thackeray for the day, her only outing each week. Staff are superb at looking after her."

There was no response to the electronic survey.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

### 4.0 What people told us about the service

We spoke with seven service users and three staff. We observed a number of service users being supported by staff to participate in a range of activities. Service users appeared relaxed and comfortable in the environment.

The information provided by service users during the inspection indicated that there were no concerns in relation to the day care setting.

**Comments received during inspection process included:**

**Staff comments:**

- "Happy enough; no issues."

**Service user comments:**

- “It is a great place; I enjoy coming here.”
- “The staff are great.”
- “I am happy; I love coming here.”
- “I enjoy the company; I have been coming here for years.”
- “I really enjoy coming, I can talk to staff if worried.”

**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 to Thackeray Day Centre was undertaken on 16 October 2018 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 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 are required to complete adult safeguarding training during their induction programme and two yearly updates thereafter. However it was identified from records viewed that all staff were due to complete a training update. It was noted that training is planned for November and December 2021; this will be reviewed at the next inspection.

We noted that ancillary staff including bus drivers and domestic staff had not completed safeguarding training. An area for improvement has been identified

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.

The day care setting has a system for retaining a record of referrals made in relation to adult safeguarding matters. Records viewed and discussions with the manager indicated that no adult safeguarding referrals have been made since the last inspection. Adult safeguarding matters are reviewed as part of the quality monitoring process.

The day care setting has provided service users and their relatives with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

Staff advised that there was enough staff to ensure the safety of the people who used the service. Observation of the delivery of care at the time of inspection and discussion with staff evidenced that service users' needs were effectively met by the number of staff on duty. It was noted that due to Covid-19 restrictions there is a reduced number of service users attending the day service.

All incidents and accidents are required to be recorded on an electronic system which are reviewed and audited by the manager. There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

From training records viewed it was identified that a number of staff were required to complete medication and first aid training updates. An area for improvement has been identified. We discussed with the manager the need to ensure that the training matrix accurately reflects the training completed by staff.

It was noted that staff had completed DoLS training. Staff demonstrated that they 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.

There are arrangements in place to ensure that service users who require high levels of supervision or monitoring and restriction have had their capacity considered and where appropriate assessed.

On entering the day care setting the inspector's temperature and contact tracing details were obtained by the senior day care worker who advised that this is completed for all persons entering the day care setting in line with current Covid-19 guidelines.

The environment was observed during the inspection and there was evidence of infection Prevention and Control (IPC) measures in place such as Personal Protective Equipment (PPE) which was available for staff. Other IPC measures were in place, which included seven step hand hygiene guidance notices being positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins.

Observations of the environment concluded that it was fresh smelling and clean throughout. There was a good supply of PPE throughout the centre. Rooms currently in use were spacious and it was noted that social distancing guidelines were being adhered to. It was identified that a number of rooms were not being used; the manager stated that this was to reduce the risk of transmission of Covid-19. Staff discussed how they had adapted activities during the pandemic to reduce the risk of transmission of the virus.

There was a good system in place to share information relating to Covid-19 and IPC practices; staff were observed adhering to guidance.

### **5.2.2 Are their robust systems in place for staff recruitment?**

The review of the day care setting's staff recruitment records confirmed that recruitment was managed in accordance with the organisation's Human Resources (HR) department in line

with the regulations and minimum standards. We viewed evidence that pre-employment checks were completed, before staff members' commenced employment and had direct engagement with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of records confirmed all staff working in the day care setting were currently 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 are aware that they are not permitted to work if their professional registration lapses. 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. It was noted that no service users have required to be assessed by SALT in relation to dysphagia needs.

Staff spoken with demonstrated a good knowledge of service users' wishes, preferences and assessed needs. It was noted that staff have not completed dysphagia awareness training however management of choking is discussed in first aid training which all staff have undertaken.

### **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 senior manager. A sample of reports viewed for July, August and September 2021 provided evidence that the monitoring process included engagement with service users, relatives and staff.

The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints, and staffing arrangements.

There is a process for recording complaints in accordance with the day care setting's policy and procedures. It was noted from records viewed and discussions with the manager that the complaints received since the last inspection had been managed in accordance with the day care setting's policy and procedures.

Discussion with staff confirmed that they knew how to receive and deal with complaints and the process for ensuring the information was forwarded to the manager.

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.

Two areas requiring improvement were identified with regard to staff training.

We would like to thank 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
<b>Total number of Areas for Improvement</b>	0	2

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ms Alice McCallion, manager, as part of the inspection process. The timescales commence from the date of inspection.

Areas for improvement have been identified where action is required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.



Quality Improvement Plan	
Action required to ensure compliance with The Day Care Settings Minimum Standards, 2012	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 13.4  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing from the date of inspection	<p>The registered person shall ensure that ancillary staff have completed training on and can demonstrate knowledge of safeguarding.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>            Head of Service is liaising with Transport and Support Services Managers to ensure that Support Services and Transport staff are trained in Safeguarding. Manager will observe knowledge in daily practice, reinforcing policy at meetings etc.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 21.3  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing from the date of inspection	<p>The registered person shall ensure that mandatory training requirements are met.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>            Majority of mandatory training for staff is completed.            Staff will attend First Aid training on 19th October 2021.            Staff will attend Medication Training in November 2021.            Staff will attend Safeguarding training update in November &amp; December 2021.</p>

***\*Please ensure this document is completed in full and returned via Web Portal\****





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