

Inspection Report

18 October 2021



Strabane Day Centre

Type of Service: Day Care Setting

**Address: County Buildings, Barrack Street, Strabane, BT82
8EU**

Tel No: 028 7138 1601

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Western Health and Social Care Trust	Registered Manager: Mrs Sonia McDermott
Responsible Individual: Dr Anne Kilgallen	Date registered: 23 January 2020
Person in charge at the time of inspection: Mrs Sonia McDermott	
Brief description of the accommodation/how the service operates: Strabane Day Centre is a Day Care Setting that provides care and day time activities for up to 40 adults with a range of needs associated with old age, learning disability, physical disability and dementia. The day centre is open Monday to Friday and is operated by the Western Health and Social Care Trust (WHSCT).	

2.0 Inspection summary

An unannounced care inspection took place on 18 October 2021 between 9.30 am and 12.45pm by a care inspector.

This inspection focused on staff recruitment and the day setting's governance and management arrangements as well as staff registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practices, dysphagia arrangements, monthly quality monitoring and Covid-19 guidance. This inspection also sought to assess progress with issues raised in the last quality improvement plan (QIP).

Service users said that they were very satisfied with the standard of care and support provided.

An area for improvement was also identified during this inspection relating to adult safeguarding training.

Good practice was also found in relation to the system in place of disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

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 guidance, 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 QIP, written and verbal communication received since the last care inspection.

The inspection focused on reviewing a range of relevant documents, policies and procedures relating to the day setting's governance and management arrangements. This included checking how staff' registrations with NISCC were monitored.

During the inspection, we discussed any complaints that had been received and any incidents which had occurred, 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.

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

The information provided by service users and staff 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 a number of service users and staff, including the manager.

Service users' comments:

- "I like it here."
- "It's very good; gets you out of the house."
- "They are a good bunch."
- "It's good fun."

Staff' comments:

- "I love it here. It's not like going to work at all."
- "The manager is very approachable, I feel well supported."

A number of service users returned questionnaires. The respondents indicated that they were very satisfied that care was safe, effective, compassionate and well led. Comments included:

- “I love coming here and look forward to it.”

No staff responses were received via the electronic survey.

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 9 March 2020; three areas for improvement were identified. A QIP was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 9 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 28 (4) (5) Stated: First time To be completed by: Immediate and ongoing	The registered person shall ensure the arrangements for the quality monitoring visits are conducted in a manner that includes the following: <ul style="list-style-type: none"> • a record of the service users and relatives consulted during such visits should be evidenced, with names anonymised in the reports through use of a unique identifier code, ensuring that information recorded is traceable • outstanding action(s) from previous visits should be included within the most recent monthly report to help drive improvement and ensure that agreed action plans are kept under effective review • maintain a copy of the report required to be made under paragraph (4)(c) in the day care setting and make it available on request to the Regulation and Improvement Authority 	Met

	Action taken as confirmed during the inspection: Examination of monthly monitoring reports identified that unique identifier numbers were not consistently used. Whilst there was evidence that the action plan from the previous month had been reviewed, the actions had not been included within subsequent reports. Following the inspection, the person delegated with the responsibility for undertaking the visits, submitted an updated template to RQIA. We were satisfied that the new template would address the matters outlined above.	
Area for improvement 2 Regulation 24 Stated: First time To be completed by: Immediate and ongoing	The registered person should ensure that the centre's complaints procedure is implemented effectively, in keeping with Regulation 24 of The Day Care Setting Regulations (Northern Ireland) 2007. Action taken as confirmed during the inspection: Review of the complaints records identified that they had been managed appropriately.	Met
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 21.6 Stated: First time To be completed by: Immediate and ongoing	The registered person shall ensure the record that is maintained regarding the staffs registration with the Northern Ireland Social Care Council (NISCC) also evidences the renewal date. Action taken as confirmed during the inspection: Review of the NISCC registration records identified that all staffs' registrations were up to date.	Met

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), in keeping with the regional policy.

It was confirmed that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter. However, the review of the training records identified a number of staff who had not updated their adult safeguarding training; this included the transport staff. An area for improvement has been made in this regard.

Discussion with the manager, confirmed that no matters had been raised to them under the whistleblowing procedures.

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 referrals had been made with regards to adult safeguarding since the last inspection. Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns. Adult safeguarding matters are 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. Observation of the delivery of care at the time of inspection evidenced that service users' needs were effectively met by the number of staff on duty.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Staff were provided with training appropriate to the requirements of their role. This included DoLS training. The manager and staff demonstrated that they have an 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. There were no service users who were subject to DoLS on the day of the inspection.

On entering the day care setting the inspector's temperature was obtained by the staff, who advised that this is completed on 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 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. 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 and doffing PPE.

Observations of the environment concluded that it was fresh smelling and clean throughout.

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 practices.

5.2.2 Are their robust systems in place for staff recruitment?

The manager advised that there were no newly recruited staff to the day setting and that the staff team had all worked in the day centre for a number of years. There was a process in place to ensure that new staff are recruited in accordance with the regulations and minimum standards.

As detailed in section 5.1, a review of the records confirmed that all support workers are appropriately registered with NISCC. Information regarding registration details and renewal dates for staff are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards.

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

The manager identified a number of service users who required assistance with eating and drinking due to having swallowing difficulties; some of whom required their food and drinks to be of a specific consistency. Review of the records identified that the risk assessments were consistently reflected in the care plans.

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). A number of staff had yet to complete training in Dysphagia. Following the inspection, the manager confirmed to RQIA, by email on 1 November 2021, that the identified staff had completed their Dysphagia training. We were satisfied that this had been addressed.

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 on a monthly basis.

There is a process for recording complaints in accordance with the day care setting's policy and procedures. Review of the complaints records identified that they had been managed appropriately.

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, one area for improvement was identified; this related to ensuring safe care. Service users were found to be receiving compassionate care. They were getting the right care at the right time and the service was deemed to be well led.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Settings Minimum Standards, 2012.

	Regulations	Standards
Total number of Areas for Improvement	0	1

The area for improvement and details of the Quality Improvement Plan were discussed with the manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 13.4 Stated: First time To be completed by: Immediate from the date of the inspection	<p>The registered person shall ensure that staff have completed training on and can demonstrate knowledge of safeguarding. Safeguarding training; this relates specifically to training of transport staff.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Transport Manager has been contacted regarding requirement for safeguarding training for transport staff. Transport staff are now incorporated in online level 2 safeguarding training along with Day care staff.</p>

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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

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