

Inspection Report

24 September 2021



Inniscoole Day Centre

Type of service: Day Care Setting
Address: Innis Avenue, Rathcoole, Newtownabbey, BT37 9ET
Telephone number: 028 9085 4333

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Northern Health and Social Care Trust (NHSCT)	Registered Manager: Mrs Louanne Bakker
Responsible Individual: Ms Jennifer Welsh	Date registered: 5 February 2019
Person in charge at the time of inspection: Mrs Louanne Bakker	
Brief description of the accommodation/how the service operates: Inniscoole Day Centre is a day care setting for 75 people in all adult ages. Service users may have assessed needs in one or more categories of disability, infirmity, dementia, sensory impairment or addiction. The day centre is open Monday to Friday and is managed by the NHSCT.	

2.0 Inspection summary

An announced remote care inspection took place on 24 September 2021 from 10.00 a.m. to 2.35 p.m.

This inspection focused on staff registrations with the Northern Ireland Social Care Council (NISCC) 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.

One area for improvement was made in relation to adult safeguarding training for support staff.

Good practice was identified in relation to staff training and the monitoring of care staffs' registrations with the NISCC and/or the NMC. 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 establishment 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 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.

Prior to inspection we reviewed the information held by RQIA in relation to the day care setting. This included the previous inspection report and quality improvement plan (QIP) and any written and verbal communication received since the previous care inspection.

Following a review of the information submitted to RQIA, the inspection took place remotely, using video technology, with the manager.

During our inspection we focused on speaking with the service users and staff to find out their views on the service.

The inspection also focused on reviewing a range of relevant documents, policies and procedures relating to the day care setting's governance and management arrangements. This included checking 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. Nineteen service users, four relatives and four professionals returned questionnaires. Examples of the respondents' comments are included in the main body of the report.

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 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 two service users, one relative and four staff including the manager.

Comments received during inspection process included:

Service users' comments:

- "I was lost without the day centre when it was closed. The day centre is a big part of my life."

- “Staff are amazing and brilliant and you could talk to them about anything.”
- “You always get a cup of tea and a smile when you arrive.”
- “Staff wear their PPE in the centre.”
- “The meals are lovely; plenty to eat.”
- “Staff are always reminding you to use the hand sanitiser.”

Staff comments:

- “I really enjoy working in the day centre; the manager is very supportive and always available if you have any concerns.”
- “Good communication and any changes in service users care is immediately communicated to all staff.”
- “We have worked hard to ensure that the centre remains Covid free. We have implemented extra cleaning, social distancing, wellness checks and we always wear our PPE.”
- “Risk assessments and care plans are available to all staff. Any changes are made right away.”
- “I can approach the manager at any time and discuss issues. We have regular team meetings and discuss all policy updates and key areas.”
- “Very good training provided to staff and you are supported if you want to do additional training.”
- “Care and support is very much based on individual needs.”

Relative’s comments:

- “Staff are more than good to my wife when she is in the day centre.”
- “Staff are diligent wearing their PPE.”
- “Excellent service; very attentive staff and they always treat my wife with great respect.”

Nineteen service users, four relatives and four professionals returned questionnaires. All respondents indicated their overall satisfaction that care was safe, effective, compassionate and well led.

Comments received included:

- “I love attending; everybody is so nice and helpful.”
- “All staff at the centre go above and beyond and they show care and compassion at all times to my husband; it gives me peace of mind to have a few hours to myself.”
- “The service is very important to me and has been a great help with my mental health.”
- “My husband enjoys the day centre and the staff look after him well.”

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 service was undertaken on 10 March 2020 by a care inspector; one area for improvement was 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 10 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 18.2 (b) Stated: Second time	The registered person shall ensure the flooring in the centre is in good repair and conducive to the needs of the service users including those service users who have a sensory impairment and/or physical disability.	Met
	Action taken as confirmed during the inspection: Written correspondence provided post inspection confirmed that the flooring covering in the identified areas had been replaced.	

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 were required to complete adult safeguarding training during their induction programme and regular updates thereafter. However, it was identified from discussions with the manager that support staff, including catering and domestic staff, had not completed safeguarding training. An area for improvement was made in this regard.

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 and their understanding of the day care setting's policy and procedure with regard to whistleblowing.

The day care setting had a system for retaining a record of referrals made to the relevant Health and Social Care Trust in relation to adult safeguarding matters.

Records viewed and discussions with the manager indicated that no referrals had been made with regard to adult safeguarding since the last inspection. Adult safeguarding matters were 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. The day care setting had provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

Service users and staff advised that there was enough staff to ensure the safety of the people who used the service.

All incidents and accidents were recorded on an electronic system which are reviewed and audited by the manager, to ensure follow up of any outstanding actions, and the NHSC governance department. 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 roles. This included DoLS training. Staff 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 were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed.

Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

The environment was observed during a virtual tour of the day care setting and there was evidence of infection prevention and control 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. Wall mounted 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 (putting on) and doffing (taking off) PPE.

Discussion with the manager and staff identified that they had a good understanding of the procedure to follow in the event of service users or staff being diagnosed with Covid-19. We discussed the provision of mandatory training specific to IPC measures with staff. Staff confirmed that they had undertaken IPC training and that the training provided them with the necessary skills and knowledge to care for and support service users. A review of staff training records confirmed that staff had received training in IPC and Covid-19 awareness including the donning and doffing of PPE. The manager confirmed that management were monitoring progress with overall mandatory training to ensure full compliance.

Staff described how they wore PPE for activities that brought them within two metres of service users. The staff members spoken with reported that there was an appropriate supply of PPE and sufficient bins available to allow the safe disposal of PPE.

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 during discussions.

5.2.2 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. Staff were also implementing the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

It was noted that a number of service users had been assessed by SALT in relation to dysphagia needs and specific recommendations made with regard to their individual needs in respect of food and fluids. Staff spoken with demonstrated a good knowledge of service users' wishes, preferences and assessed needs and how to modify food and fluids. It was positive to note all staff had undertaken dysphagia awareness training.

5.2.3 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 monitoring officer. A sample of reports viewed provided evidence that the monitoring process included engagement with service users, service users' representatives and staff, also that the conduct of the day care setting was examined and that action plans for improvement were developed, if necessary.

Quality monitoring reports were of a good standard and details included review of service user care records; accident/incidents; safeguarding matters; complaints; compliments; staff recruitment and training, and staffing arrangements.

There was a process for recording complaints in accordance with the day care setting's policy and procedures. The manager confirmed that one complaint had been received since the date of the last inspection. Discussions with the manager and review of documentation evidenced that the complaint was managed appropriately.

Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the manager was made aware of any complaints.

Discussions with staff evidenced that they were knowledgeable regarding service users' individual needs. Staff also demonstrated awareness of the need for person-centred interventions which facilitate engagement with service users and promote effective communication and social engagement.

Discussions with the manager and staff described positive working relationships in which issues and concerns could be freely discussed; staff reported they were confident that they would be listened to. In addition, staff confirmed that they felt supported by management.

There was a system in place to ensure that staff received supervision and appraisal in accordance with the day care settings policies and procedures.

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, a relative 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.

One area for improvement was made in relation to adult safeguarding training for support staff.

The inspector would like to thank the manager, relative, service users and staff for their support and co-operation throughout the inspection process.

7.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has 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

This inspection resulted in an area for improvement being identified. Findings of the inspection were discussed with Mrs Louanne Bakker, manager, as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
<p>Area for improvement 1</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that staff have completed training on and can demonstrate knowledge of adult safeguarding.</p> <p>This relates specifically to support staff.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: I can confirm Safeguarding training has been scheduled for Support Staff on the 12.10.21 & 3.11.21 and attended by all the relevent staff. As this training remains mandatory it is scheduled to take place at the required regular timescales.</p>

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