

Inspection Report

14 February 2022



Armour Day Centre

Type of service: Day Care
Address: 6 Newall Road, Ballymoney, BT53 6HD
Telephone number: 028 2766 4101

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

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| Organisation/Registered Provider: Northern HSC Trust Responsible Individual: Ms Jennifer Welsh | Registered Manager: Miss Lisa Rowley Date registered: Registration pending. |
| Person in charge at the time of inspection: Miss Lisa Rowley | |
| This is a day care settings with 44 places that provides care and day time activities for people who have assessed needs related to one or more of the following: Learning disability, Mental ill health, Physical disability, Sensory impairment, or social isolation in older age. | |

2.0 Inspection summary

An unannounced inspection was undertaken on the 14 February 2022 between 09.15 a.m. and 11.15 a.m. by a care inspector. This inspection focused on the Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to staff training and the monitoring of care staffs' registrations with NISCC. Good practice was also found in relation to systems in place for 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 registered individual and the manager 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 about this day care setting. This included 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 reviewing staffs registrations with NISCC and NMC.

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.

It was good to note some of the compliments received by the day care setting:

- "It's all working well for us."
- "The meals are really good."
- "Thank you so much for a great class much appreciated."

Ten service users/relatives responses were received within the timescale requested; they indicated that they were very satisfied with the care and support provided. Comments received included:

- "Everything in the day centre is very good."
- "The staff are short at times."
- "Staff are very capable, helpful and friendly."
- "No problems."
- "Staff are available for support when required."

There was one responses to the staff electronic survey prior to the issue of this report. The responder was very satisfied with the service.

Comment received:

- "A lovely caring place to work."

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 the manager and a member of staff. Service users were not met during this inspection. The information provided by staff during the inspection indicated that they had no concerns in relation to the day care setting. Those spoke with gave a comprehensive overview of the setting.

Comments received during inspection process included:**Staff comments:**

- “Supervision is one to one and an opportunity to discuss anything.”
- “The induction of agency staff is comprehensive.”
- “Both service users and staff feel safe and secure with covid guidance and the use of PPE.”
- “We provide good activities.”
- “The staff went over and beyond during early covid.”
- “We have a good team.”
- “The manager is good and has an open door policy to all.”
- “Staff communicate well with each other.”

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 Armour Day Centre was undertaken on 22 March 2021 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 and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns effectively.

It was confirmed by the manager that care staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

Staff spoken with 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 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 one adult safeguarding referral had been made since the last inspection. We noted that 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.

Incidents and accidents were recorded on an electronic system which is reviewed and audited by the manager, and the HSCT's 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 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. It was identified that a number of service users were subject to a DoLS. Discussions with the manager evidenced that DoLS arrangements are in place and discussed with the individual service users keyworkers and when required care plans are updated.

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

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 relevant disposal bins.

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 supply of PPE throughout the service. Rooms were described as spacious and it was noted that social distancing guidelines were being adhered to. 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 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 one service user 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 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 regulations and minimum standards, before staff members' commenced employment and had direct engagement with service users. Records viewed during and following the inspection evidenced that criminal record checks (Access NI) had been completed for staff including ancillary staff.

A review of records confirmed all staff working in the day care setting were currently registered with NISCC and NMC. 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.

5.2.4 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. A sample of reports viewed for September, October, November, December 2021 and January 2022 provided evidence that the monitoring process included engagement with service users, relatives, HSC staff and care staff.

The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements. We noted some of the comments received during the monthly quality monitoring:

Service users:

- "I enjoy coming to the centre."
- "Good choices the meals are good."
- "I enjoy seeing everyone."
- "I have no issues."

Staff:

- "Staff are well supported by the manager."
- "Good support during my induction."
- "A good standard of care."
- "Staff have a good rapport with service users."

Relatives:

- “I have no concerns or issues with the quality of care.”
- “Staff are very attentive.”
- “Staff are always easy to talk to.”
- “The standard of care is excellent.”

HSC Trust Staff:

- “The care is very good.”
- “My clients are very happy to attend Armour.”
- “Service users have benefited from the centre.”
- “The standard of care is very high.”

It was positive to note that a number of care reviews had been completed in line with Covid guidance and the day care setting must be commended for their actions. We noted some of the comments from service users/relatives during their review:

- “My **** is provided with good quality care.”
- “I have no queries or concerns.”
- “I’m happy at the centre.”
- “The quality of the service is excellent.”
- “***** is always happy on *** return from the centre.”

There is a process for recording complaints in accordance with the day care setting’s policy and procedures. It was identified that no complaints had been received since the last inspection. 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.

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 and staff. 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.

6.1 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Miss Lisa Rowley 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)

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