

Announced Care Inspection Report 22 March 2021



Armour Day Centre

Type of Service: Day care
Address: 6 Newall Road, Ballymoney, BT53 6HD
Tel No: 028 2766 4101
Inspector: Jim McBride

www.rqia.org.uk

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a day care settings with 44 places(currently reduced) 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.

3.0 Service details

| | |
|---|--|
| Organisation/Registered Provider: Northern Health and Social Care Trust Responsible Individual: Jennifer Welsh | Registered Manager: Ms Donna O'Neill |
| Person in charge at the time of inspection: Ms Donna O'Neill | Date manager registered: 10/09/2019 |

4.0 Inspection summary

An announced inspection took place on 22 March 2021 from 09.10 to 11.30am.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

In response to this information RQIA decided to undertake an inspection of the service. Whilst RQIA was not aware that there was any specific risk to the service a decision was made to undertake an on-site inspection adhering to social distancing guidance.

This inspection was underpinned by: The Health and Personal Social Services (Quality Improvement and Regulation (Northern Ireland) Order 2003 the Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017: The Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

Evidence of good practice was found in relation to Access NI and staff registrations with the Northern Ireland Social Care Council (NISCC). Good practice was also found in relation to all current Covid-19 guidance and the use of personal protective equipment (PPE), Covid-19 education and management including infection prevention and control (IPC) measures. Individual quality measures in place completed by staff daily. Regulation 28 quality monitoring records show clear examples of communication with a good representative sample of service users, staff, relatives and HSC Staff.

It was positive to note that staff had supported both service users and relatives through the Covid-19 time as the centre provided regular contact with service users.

The findings of this report will provide the manager with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Donna O Neill manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 22 October 2019

No further actions were required to be taken following the most recent inspection on 22 October 2019.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this day care service. This included the previous inspection report, notifiable events, and written and verbal communication received since the previous care inspection.

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

We ensured that the appropriate staff checks were in place before staff work with service users and reviewed the following:

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for Day Care.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery.

Tell us” cards were provided for service users giving them the opportunity to contact us after the inspection with their views. No responses were received prior to the issue of the report.

A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received prior to the issue of the report.

Questionnaires were also provided for distribution to the service users and their representative's ten responses were returned and the responders were very satisfied with the questions asked.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately.

During the inspection the inspector communicated with one staff member and the manager. Due to limited members attending we observed and spoke with the service users available in their activity areas. We also had the opportunity to meet with one relative. We provided a number of service user questionnaires for completion.

Service user's comments during inspection:

- "It's good to be back."
- "I enjoy the activities."
- "I have got used with the PPE and masks."
- "I feel safe."
- "All the staff are good and I enjoy all the activities."

Relative's comments:

- "I have great trust in the centre."
- "The staff are open and good communicators."
- "*** care and support needs are all met."
- "*** is really happy here and I see that in *** daily."
- "The staff update me after each day and always keep me informed."
- "The centre is a lifeline."

Staff comments during inspection:

- "Good staff communication."
- "We communicate well with the manager."
- "Staff support each other well."
- "I feel safe and secure with PPE and covid guidance."
- "We have tried to keep up with regular activities for service users."
- "We introduced new technology to service users during this time as a way of keeping in touch."

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

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

6.0 The inspection

There were no areas for improvement made as a result of the last care inspection.

6.1 Inspection findings

Recruitment:

The services staff recruitment processes were noted to be managed in conjunction with the organisation's Human Resources (HR) Department. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 21, Schedule 2 and Standard 20 relating to Access NI. We reviewed documentation in staff files in relation to pre-employment checks which provided assurances that Access NI checks were completed before commencement of employment.

A review of six staff records confirmed that all staff are currently registered with NISCC. We noted that the manager had a system in place each month for monitoring registration status of staff with NISCC and confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

Staff spoken with said that training was valuable and gave them the skills to undertake their role. New staff received a comprehensive induction which included regular meetings and the opportunity to shadow experienced staff. This was confirmed by the staff spoken with.

Staff are supported by supervisions and appraisals. It was noted that these had been consistent with the agency's policy and procedure and helped to enable them to review their practice. From review of records, we could see the formats gave staff the opportunity to raise any concerns and discuss their own personal development.

The centres provision for the welfare, care and protection of service users was reviewed. We viewed the procedures maintained by the agency in relation to the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015.

On the day of the inspection it was noted that a number of incidents had occurred since the previous inspection 22 October 2019. We examined the records and found that the centre had dealt with the incidents in accordance with the required regulations and their own policy and procedures.

A complaints and compliments record was maintained in the centre. There were no complaints received since the previous inspection. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

We noted some of the compliments received by the centre:

- "A very good manager."
- "I depend on the centre for my mental health and wellbeing."
- "You all do an important job in our community."

Service quality:

We noted comments from service users, staff relatives and HSC Staff provided during regular monthly quality monitoring.

Service users' comments:

- "I enjoy my time at the centre."
- "Staff are very approachable."
- "The staff are fantastic."

Staff comments:

- "Staff provide a high standard of care and support."
- "It's a good place to work and we provide a good range of activities."
- "There is a good level of care and support."

Relatives Comments:

- “The standard of care and support is very good.”
- “The service is invaluable.”
- “Good contact maintained during closure.”

HSC Staff comments:

- “Staff are accommodating and communication is good.”
- “The feedback on care and support is always good.”
- “The standard of care is very good.”

Care planning and review:

We reviewed six care plans in place for individual service users. These fully described the care and support required for individuals and included:

- Referral information
- Care plan
- Individual action plans
- Risk assessments
- Reviews.

We noted some comments made by service users and relatives during their annual reviews:

Comments:

- “They are all lovely people.”
- “Loving and caring staff in the centre.”
- “I’m happy all is going well.”
- “I’m happy, lots of different activities.”
- “The service quality is good overall.”
- “The centre meets my needs.”

Covid-19:

We spoke with the manager and staff members, who were knowledgeable in relation to their responsibility in relation to covid-19. Staff stated they were aware of the guidance on the use of PPE for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

We reviewed the current practices relating to the following areas of guidance and good practice relating to Covid-19.

- Dissemination of information to staff
- Monitor staff practice
- IPC policies and procedures
- Infection prevention and control policies and procedures have been updated to address all current guidance in relation to Covid-19.
- Covid symptoms monitored in line with guidance

- Used PPE storage and disposal
- Staff training and guidance on: a. infection prevention and control and b. the use of PPE, in line with the current guidance.

We reviewed records relating to infection prevention and control policies which were in-line with the current guidance. The policies and procedures had been updated to include Covid-19 guidance. Policies and guidance were available to all staff in hard copy within the centre.

Monitoring records also involved asking about and looking out for the following symptoms, fever of 37.8C or above, cough, loss of or change in sense of smell or taste.

Hand sanitisers were placed in different areas throughout the day centre for service users, staff and visitors to use to ensure and promote good hand hygiene.

There was evidence that clear guidance with regards to IPC, donning (putting on) and doffing (taking off) of PPE. There was evidence that staff had completed training with regards to IPC.

The staff on duty demonstrated that they had a good understanding of the donning and doffing procedures and were observed to be using PPE appropriately. The manager discussed the procedures that both she and staff spot check the use of PPE. Spot checks on staff practice are undertaken to ensure they are fully compliant with the guidance.

The procedure and guidance in place show that:

- Robust systems are in place to ensure that current (IPC) guidance is available and accessible to staff.
- There are effective systems in place to monitor staff compliance with good infection (IPC)
- All staff working in the service are able to demonstrate their knowledge of (IPC) practice commensurate to their role and function in the service.

It was good to note that staff were working well together to support the best outcomes for service users, in a sensitive manner, whilst being caring and compassionate.

It was noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life. Staff are being vigilant in terms of monitoring service users for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19 within the agency.

Areas of good practice

Areas of good practice were identified in relation to the completion of checks with Access NI in conjunction with HR Department and staff registrations with NISCC, adherence to covid guidance, completion of annual reviews and regulation 28 quality monitoring records.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of areas for improvement | 0 | 0 |

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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