

Inspection Report

20 September 2023











Age NI Day Centre at Skainos Building

Type of service: Day Care Setting Address: 239 Newtownards Road, Belfast, BT4 1AF

Telephone number: 028 9045 9793

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Registered Manager:

Age NI Mrs Wendy McKillion

Responsible Individual:

Mrs Linda Robinson

Date registered:
8 September 2010

Person in charge at the time of inspection: Mrs Wendy McKillion

Brief description of the accommodation/how the service operates:

Age NI Day Centre at Skainos Building is a day care setting with 30 places. Staff in the day care setting provide care, support and day time activities for people who are over 65 years and/or have enduring mental health conditions.

2.0 Inspection summary

An unannounced inspection was undertaken on 20 September 2023 between 10.30 a.m. and 3.00 p.m. The inspection was conducted by a care inspector.

The inspection examined the day care setting's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management were also reviewed.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

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

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.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

Information was provided to service users, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members.

The information provided indicated that there were no concerns in relation to the day care setting

Comments received included:

Service users' comments:

- "Love it, gets me out."
- "Make friends, love coming here; the dinner is lovely."
- "The staff are great, no complaints."
- "Be lost without it, gets you out socialising. Great place."

Staff comments:

- "I love it; the service users love it. They enjoy the company. All good, no complaints."
- "Love it here, great wee centre. I have no problems; the manager is good. We have a great wee team and all work well together."
- "Great place, the manager is great. It is all about the service users and making their time here good."
- "Love my job, no complaints. The training is good and I can report concerns."

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included:

- "Staff very friendly and caring. Great atmosphere, feel at home."
- "Lovely dinner."
- "Staff look after us."

We observed a number of service users participating in a group activity, staff were observed to be supporting the services to effectively engage. There was a relaxing atmosphere in the day care setting.

There were no responses to 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 31 October 2022 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). The day care setting's annual Adult Safeguarding Position report had been formulated and was reviewed and found to be satisfactory.

The manager was knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and annually thereafter. Staff had a good understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns. They could also 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 retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that no referrals had been made since the last inspection.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

Incidents had been managed and reported appropriately.

Staff were provided with moving and Handling training appropriate to the requirements of their role. The manager reported that none of the service users currently required the use of

specialised equipment. They were aware of how to source such training should it be required in the future.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All relevant staff had been provided with training in relation to medicines management; however, the manager advised that staff do not support service users with medication. The manager was aware that should this be required; a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate DoLS training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS.

It was identified that a Fire Risk assessment had been completed in September 2022 and areas highlighted for action addressed. There was evidence that required weekly and monthly fire safety checks had been completed. Staff had completed fire safety training and had participated in a fire evacuation drill. Fire exits were observed to be clear of any obstruction.

Observations of the environment found it to be clean, warm and welcoming. The manager described the actions by staff in regard to cleaning of any upholstered chairs and soft furnishings. We discussed with the manager the need to ensure that any new chairs purchased have coverings that could be cleaned effectively.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also positive to note that the day care setting had service user meetings on a monthly basis which enabled the service users to discuss what they wanted from attending the day care setting and any activities they would like to become involved in. Some matters discussed included:

- Meals
- Transport

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- Shoe Box Appeal
- Day trips

The day care setting had completed an annual review in relation to their practice which incorporated service user and their representatives' feedback. Comments included:

- "Good company."
- "Good food and people."
- "Staff are very good."

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

A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents. The manager advised that no service users attending the day care setting had SALT recommendations.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs.

5.2.4 What systems are in place for staff recruitment and are they robust?

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body. There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The manager advised that there were no individuals volunteering within the day care setting.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

No new staff had commenced since the last inspection. There is evidence that the day care setting has a process whereby all newly appointed staff are required to complete a structured orientation and induction.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken. It was identified that ancillary staff had completed relevant training and had Access NI checks completed.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monthly monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's monthly quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included

details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

The manager advised that no incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The day care setting's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. No complaints had been received since the last inspection. A number of compliments had been received, comments included:

- "Thank you for welcoming me to the centre, I love getting out and enjoy the activities."
- "Your kindness has made a massive difference to my life, I felt totally overwhelmed and had nowhere to turn but the two days with you and the team is a real lifeline."

There was a system in place for managing instances where a service user did not attend the day care setting as planned. This included a system for signing in and out the service users who attend.

It was discussed with the manager the need for transport staff or an identified person to check the vehicle at the end of each journey to ensure that no service users remained on the transport. The manager welcomed this advice and immediately implemented a system to record these checks.

The Statement of Purpose and Service User Guide required updating with RQIA's contact details; this was completed immediately following the inspection.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Wendy McKillion, Registered Manager, as part of the inspection process and can be found in the main body of the report.





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