

Inspection Report

29 March 2022



Age NI Day Centre at Skainos Building

Type of service: Day Care
Address: 239 Newtownards Road, Belfast, BT4 1AF
Telephone number: 028 9045 9793

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Age NI	Registered Manager: 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. The centre provides care, support and day time activities for people who are over 65 years and/or have mental health vulnerability.	

2.0 Inspection summary

A short notice announced inspection was undertaken on 29 March 2022 between 10.00 a.m. and 2.00 p.m. by the care inspector.

This inspection focused on staff recruitment processes, registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints and whistleblowing. We also reviewed Deprivation of Liberty safeguards (DoLS) including money and valuables, restrictive practice, monthly quality monitoring and Covid-19 guidance.

Two areas for improvement were identified; one area was restated and referred to incident reporting to RQIA. The second area for improvement concerned recording practices pertaining to the management of service users' monies.

Good practice was identified in relation to recruitment processes and appropriate checks being undertaken before staff were supplied to day care settings, NISCC registrations and completion of monthly quality monitoring reports. Good practice was also found in relation to the system in place of disseminating Covid-19 related information to staff.

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

The findings of this report will provide the registered individual 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.

The inspection focused on:

- Contacting the service users, their relatives, HSCT representatives and staff to find out their views on the service.
- Reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided. This included questionnaires for service users/relatives. An electronic survey was provided to enable staff to feedback to the RQIA.

4.0 What people told us about the service.

We spoke with nine service users and three staff including the manager. In addition positive feedback was received from a relative in the questionnaire returned to RQIA.

Comments received during inspection process-

Service users' comments:

- "It is very good here, it gets you out"
- "Everything is spotless they are very attentive"
- "Staff are brilliant, very considerate"
- "I love getting out, love the quizzes"

Staff comments:

- "Service users get a good experience, they love it"
- "No problems , we are well supported by management"
- "I love working here, management are approachable"
- "It has been good to get back since Covid"

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

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. The last inspection to Age NI Skainos was undertaken on 3 February 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.

An inspection was not undertaken in the 2020-2021 inspection year, due to the impact of the first surge of Covid-19.

Areas for improvement from the last inspection on 3 February 2020		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 29.1 (c, f) Stated: First time	The registered person/ manager shall give notice to the RQIA without delay to the occurrence of - c. any serious injury to a service user in the day care setting; f. any accident in the day care setting; This includes incidents occurring within the service. These should be reported to RQIA and other relevant organisations, such as the HSCT professional/ keyworker, in accordance with legislation and procedures.	Not met
	Action taken as confirmed during the inspection: The inspector reviewed notifications and incidents and noted two incidents which were not notified to RQIA in accordance with legislation and procedures. This matter is therefore restated.	

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The agency'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 person in charge established 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 noted that staff are required to complete classroom based adult safeguarding training during their induction programme and yearly updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency had a system for retaining a record of referrals made to the HSCT in relation to adult safeguarding. Records reviewed and discussions with the person in charge indicated that no adult safeguarding referrals had been made since the last inspection.

Service users who spoke to us stated 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. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The inspector reviewed records relating to the last four incidents in the service. Two notifications were not forwarded to RQIA in keeping with policy and procedure. This matter was discussed with the manager who agreed to submit notifications regarding both incidents. One area for improvement will be restated in this regard.

Discussions with staff, service users and observations during the inspection verified that staffing levels were sufficient to meet the assessed needs of service users.

Staff were provided with training appropriate to the requirements of their roles. Records verified on the day of inspection and emails received following the inspection confirmed that mandatory staff training was up to date. 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. The manager told us that no service users met the criteria to have a DoLS process put in place at this time.

The manager advised that staff manage monies on behalf of some service users. These monies were used for the payment of service users' lunch meals in the day care setting and in some instances for shopping.

Review of records evidenced that receipts were provided to service users. However, two signatures were not provided for monies received from service users. An area for improvement has been made in this regard.

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.

It was noted that no service users had SALT 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 if future recommendations were to be made

It was positive to note staff had undertaken dysphagia training.

5.2.3 Are their robust systems in place for staff recruitment?

The manager advised that there were no newly recruited staff to the day care setting and that the staff team had all worked in the day care setting for a number of years. The person in charge and the organisation's Human Resources (HR) department confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and have direct engagement with service users.

A review of the records confirmed that all staff provided were appropriately registered with the Northern Ireland Social Care Council (NISCC). 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 Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The manager told us that the day care setting does not use volunteers or voluntary workers at present.

5.2.4 Are there robust governance processes in place?

The Regulation 28 quality monitoring reports were available to be examined since the last inspection. The reports evidenced a review of the conduct of the day care setting, engagement with service users, service users' representatives and the development of action plans for follow up at subsequent visits. Reports also included review of service user care records;

accident/incidents; safeguarding matters; complaints; compliments; staff recruitment and training, and staffing arrangements.

There is a process for recording complaints in accordance with the day care setting's policy and procedures. It was noted that no complaints were received since the last inspection.

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 Alert's (EAs).

6.0 Conclusion

Based on the inspection findings, two areas for improvement were identified; these related to ensuring safe care. Service users were found to be receiving effective and compassionate care in the day care setting.

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 Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	1	1

The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Wendy McKillion, Registered 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 Setting Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 29, 1 (c) (f)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person/ manager shall give notice to the RQIA without delay to the occurrence of -</p> <p>c. any serious injury to a service user in the day care setting;</p> <p>f. any accident in the day care setting;</p> <p>This includes incidents occurring within the service. These should be reported to RQIA and other relevant organisations, such as the HSCT professional/ keyworker, in accordance with legislation and procedures.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Any serious injury or accident occurring within the service shall be reported to RQIA and other relevant organisations.</p>
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2021	
<p>Area for improvement 1</p> <p>Ref: Standard 11.5</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that records of, and receipts for, all transactions undertaken by the staff on each service user's behalf are maintained. Where the service user is unable or chooses not to sign two members of staff sign and date the record.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A signed record of all transactions is maintained within the centre</p>

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