

Inspection Report

13 March 2023



Age NI (11224)

Type of service: Day Care Setting
Address: 4 Dublin Road, Castlewellan, BT31 9AG
Telephone number: 028 4377 1723

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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 Responsible Individual: Ms Linda Robinson	Registered Manager: Mrs Karen Graham Date registered: 28 September 2010
Person in charge at the time of inspection: Mrs Karen Graham	
Brief description of the accommodation/how the service operates: This is a day care setting which provides day care for up to 10 service users living with dementia. The day care setting is operational on Monday, Wednesday and Friday.	

2.0 Inspection summary

An unannounced inspection was undertaken on 13 March 2023 between 9.55 a.m. and 12.30 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, Dysphagia management and Covid-19 guidance was also reviewed.

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

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, relatives, 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 inspector observed a number of service users being supported to complete a craft activity; service users appeared relaxed and comfortable in the environment.

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

Comments received included:

Service users' comments:

- "I love coming, the staff are lovely."
- "It gets me out and we get lunch."
- "Great place, no complaints."

Staff comments:

- "Love working here, great place. No issues."

No questionnaires were returned. 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 23 March 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 23 March 2022		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 13(7) Stated: Second time To be completed by: 23 June 2022	The registered person shall ensure that the infection prevention and control deficits identified in this report have been satisfactorily addressed. Ref: 5.2.1	Met
	Action taken as confirmed during the inspection: Inspector confirmed that infection prevention and control deficits identified have been satisfactorily addressed.	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2021		Validation of compliance
Area for improvement 1 Ref: Standard 11.5 Stated: First time To be completed by: Immediate and ongoing from the date of inspection.	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. Ref: 5.2.1	Met
	Action taken as confirmed during the inspection: Inspector confirmed that where service users are unable or chooses not to sign, two members of staff sign and date the finance records.	

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.

Discussions with the manager established that they were 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 every two years thereafter. Staff who spoke with the inspector had a clear 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.

No incidents had occurred since the last inspection.

With regards to fire safety, records examined identified that a number of checks and audits had been undertaken including fire alarm tests. It was noted that the last full evacuation drill had taken place on 28 September 2022. Fire risk assessments for the centre were available for the inspection and had been completed in September 2022. Records indicated that staff had completed fire safety training.

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 staff had been provided with training in relation to medicines management.

The manager advised that no service users required their medicine to be administered orally with a syringe. They were 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.

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 and their relatives 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 regular basis which enabled the service users to discuss what they wanted from attending the day centre and any activities they would like to become involved in. Some matters discussed included:

- Menu
- Activities
- Covid 19
- Trips

Some service users' comments included:

- "Like the exercises in the morning."
- "Lunches are very good."
- "Enjoy getting lunch made."
- "Very happy, it is nice here and the people are very good."

The day care setting had completed an annual review in relation to their practice which incorporated service user and their representatives' feedback (Regulation 17). This was disseminated to all of the service users, in a format which best met their communication needs.

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

New standards for modifying food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). Whilst none of the service users had swallowing difficulties, it was positive to note that staff had completed training in Dysphagia.

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.

There were no volunteers working in 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 have commenced since the last inspection.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

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.

Comments included:

- "Manager and staff are fabulous and show great care to my husband."
- "Mother well taken care of and happy with the setting."
- "I enjoy the craic and the food is good."
- "What more could you want."
- "He goes to the centre happy; it is a weight of my mind knowing he is safe and cared for."

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

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. It was identified that no complaints were received since the last inspection.

6.0 Conclusion

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



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)