

Inspection Report

23 March 2022



Age NI

Type of service: Day Care
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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 Karen Graham
Responsible Individual: Ms Linda Robinson	Date registered: 28 September 2010
Person in charge at the time of inspection: Day Care worker	
Brief description of the accommodation/how the service operates: This is a day care setting which can provide day care for up to 10 service users on Mondays, Wednesdays and Fridays. The day care setting provides care and day time activities for adults living with dementia	

2.0 Inspection summary

An unannounced inspection was undertaken on 15 March 2022 between 09.15 a.m. and 12.15 p.m. by the 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.

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

Evidence of good practice was found in relation to monitoring the professional registration of staff; the provision of person centred care, communication between service users, staff and other key stakeholders and staff training. Good practice was also found in relation to systems in place of disseminating Covid-19 related information to staff. There were robust governance and management oversight systems in place.

Two areas for improvement were identified in respect of handling service users' monies and Infection control measures in the toilet area.

The findings of this inspection report will provide the setting 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, Health and Social Care Trust (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 three service users and three staff including the manager. No feedback was received as part of the electronic survey.

Comments received during inspection process-

Service users' comments:

- "I think we get a good service, they are very good to us"
- "It operates well, I have no problems."
- "They provide a lot of things for us, I enjoy the activities"

Staff comments:

- "I think service users have a good quality of care"
- "I like working in this organisation management are very supportive"
- "We have a good team it is homely here"

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 Age NI Castlewellan was undertaken on 25 March 2019 by a care inspector two areas for improvement were identified. A QIP was issued. This was approved by the care inspector and was validated during this inspection. An inspection was not completed for the 2020-2021 inspection year due to the first surge of the Covid-19 pandemic.

Areas for improvement from the last inspection on 25 March 2019		
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: First time	The registered person shall ensure that the infection prevention and control deficits identified in this report have been satisfactorily addressed.	Partially met
	Action taken as confirmed during the inspection: Whilst some areas had been addressed, on the day of inspection the area around the toilet and hand rails was rusted and skirting boards were very grubby. This matter is restated.	
Action required to ensure compliance with the Day Care Setting Minimum Standards, 2021		Validation of compliance
Area for Improvement 1 Ref: Standard 6.8 Stated: First time	The registered person shall ensure that service users' assessment, care planning and review documentation explicitly references the use of any restrictive practices. This relates specifically to the use of the key pad system which restricts access/egress from the centre for service users.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that care plans included information pertaining to the use of the key pad system.	

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. Staff have completed adult safeguarding training and they attend regular updates.

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.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. 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 person in charge told us that no service users met the criteria to have a DoLS process put in place at this time. Restrictive practices in place at the time of the inspection regarding the key pad operation which restricts ingress and egress to the centre were clearly documented in service users' care plans.

The day care worker advised that staff manage monies on behalf of a small number of service users. These monies were used for the payment of service users' lunch meals in the day care setting. 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.

A review of the toilets highlighted the need for improvements with respect to the setting's infection prevention and control measures. These included skirting boards in the toilet area which were noted to require a deep clean; and the presence of rust around support rails within an identified toilet. An area for improvement is restated in this regard.

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 person in charge 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 person in charge 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?

There were monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service users' relatives, staff and HSCT representatives. The reports included details of the review of

service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements.

There was a process for recording complaints in accordance with the agency's policy and procedures. It was noted that no complaints had been received since the last inspection. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager.

Discussions with the person in charge and staff described positive working relationships in which issues and concerns could be freely discussed; staff reported they were confident that they would be listened to. In addition, staff confirmed that they felt supported by management.

It was established during telephone 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 staff and service users, 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.

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 Setting Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Karen Graham, Registered Manager, and the person in charge 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	
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 Response by registered person detailing the actions taken: The infection prevention and control deficits have been addressed.
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2021	
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 Response by registered person detailing the actions taken: All transactions are recorded and signed as required.

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