

# Inspection Report

24 May 2023



## Valley Centre

Type of service: Day Care Setting  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Western Health and Social Care Trust	<b>Registered Manager:</b> Ms. Sandra Boyd
<b>Responsible Individual:</b> Mr. Neil Guckian	<b>Date registered:</b> 5 June 2020
<b>Person in charge at the time of inspection:</b> Ms. Sandra Boyd	
<b>Brief description of the accommodation/how the service operates:</b>  The Valley Centre is a Day Care Setting with 25 places that provides care and day time activities for people with learning difficulties. It is open five days a week from Monday to Friday. The day care setting is managed by the Western Health and Social Care Trust (WHSCT).	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 24 May 2023 between 10.30 a.m. and 4.p.m. The inspection was conducted by a care inspector.

The inspection examined the agency'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 (Dolls), service user involvement, restrictive practices, Dysphagia management was also reviewed.

Good practice was identified in relation to service user involvement and care planning. There were good governance and management arrangements in place. Areas of good practice were also noted in regard to communication between service users and day care setting staff, the provision of compassionate care and monitoring of professional registrations.

One area for improvement identified related to the absence of satisfactory criminal history disclosure information (AccessNI) being sought for a volunteer working in the day care setting.

The inspector would like to thank the manager, service users, relatives and staff for their help and support in the completion of the inspection.

### 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.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, we want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read 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, relatives 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:

- "Staff are very good – they let me make choices. I've learnt sign language."
- "I'm happy with the care here."
- "I love coming here. The staff are great. The food is very good."

#### Service users' relative's comments:

- "Staff are great. They know what is important. They are like extended family. They go the extra mile. The communication is very good."

- “My xxxx looks forward to going to the centre. He jumps out of bed the mornings he knows he is going. I’m very happy with the staff and the care.”
- “I’m very happy with the care. I feel confident talking to staff if there are any issues.”
- “Xxxx loves coming here. I couldn’t fault it.”

#### **Staff comments:**

- “I love my job. I know what to do about a safeguarding concern.”
- “It’s a pleasure to come to work. We learn from incidents.”
- “My induction was excellent. All the training I’ve had has been so relevant to my role.”
- “We are a great team.”

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

- “I can suffer from anxiety and depression and staff make time for me and listen to me.”
- “I think the centre is good.”
- “Staff always have time for me.”
- “I like helping to clean the tables.”
- “I’d like an automatic door opener on the door into the art room.”
- “I like coming to the centre. I like using the laptops. It would be good if we had more laptops”

A number of staff responded to the electronic survey. The respondents indicated that they were ‘very satisfied’ that care provided was safe, effective and compassionate and that the service was well led. Written comments included:

- “I feel my ideas are listened to and included within the team - very good teamwork and a great place to work.”
- “I really enjoy working at the Valley Centre, we have a great staff team who all work towards providing a fulfilling and enjoyable day for all service users.”

## **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 27 January 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 27 January 2022		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Regulation 20 (1) (c)</p> <p><b>Stated:</b> First time</p>	<p>(1) The registered person shall-</p> <p>(c) ensure that the persons employed to work in the day care setting-</p> <p>(i) receive appraisal, mandatory training and other training appropriate to the work they are to perform;</p> <p>This relates specifically to adult safeguarding training for all support staff employed by the Trust.</p> <p><b>Action taken as confirmed during the inspection:</b> Inspector confirmed all support staff within the day care setting had completed adult safeguarding training at the time of inspection.</p>	<b>Met</b>
<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Regulation 26 (4) (a)</p> <p><b>Stated:</b> First time</p>	<p>(4) The registered person shall-</p> <p>(a) have in place a current written risk assessment and fire management plan which is revised and actioned when necessary or whenever the fire risk has changed.</p> <p><b>Action taken as confirmed during the inspection:</b> Inspector confirmed the Fire Risk Assessment was available and up to date at the time of inspection.</p>	

## 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).

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. There was a Safeguarding Resource File in place for staff to reference.

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 in normal business hours.

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. The day care setting had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The manager was aware of the types of incidents that should be reported to RQIA.

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.

Staff had completed training appropriate to their roles. Staff spoken with on the day of inspection spoke positively about the training they received and the knowledge and confidence this offered them in carrying out their duties and responsibilities.

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.

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 Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. A resource folder was available for staff to reference. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, this was included in the care plan.

Records examined identified that a number of safety checks and audits had been undertaken including fire alarm tests. It was noted that the last evacuation drill was undertaken on 10 March 2023.

All staff had not been present for this. Post inspection, the manager informed RQIA that a full fire evacuation drill took place on 7 June 2023. Fire risk assessments for the day care setting were available for the inspection and had been completed on 21 September 2022. All staff had completed Fire Safety training. During the inspection fire exits were observed to be clear of clutter and obstructions.

### **5.2.2 What are the arrangements for promoting service user involvement?**

The purpose of the LD NI Model is to outline what individuals with learning disabilities expect of services, how services will achieve this and how they will be measured to ensure high quality, cost effective care.

Learning Disability Services have a duty to each and every individual that they serve and must respect and protect their human rights. At the same time, Learning Disability Services also have a wide social duty to promote equality through the care it provides and in the way it provides care. This includes addressing the needs of those groups or sections of society who may be experiencing inequalities in health and wellbeing outcomes.

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. Service users were provided with easy read reports which supported them to fully participate in all aspects of their 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 services 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:

- Transport
- Fishing club
- Care Review meetings

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

On multiple occasions we observed staff offering service users choice and information regarding activities. Service users were obviously at ease with staff and appeared relaxed and comfortable in their surroundings and interactions. Staff spoken with were knowledgeable regarding service users likes, dislikes and individual needs and preferences.

### **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). Some service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff, including support staff, had completed training in Dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of service users' 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 staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

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

A review of the day care setting's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body. There was a system in place for professional registrations to be monitored by the manager.

There was a volunteer working in the day care setting for whom an AccessNI check had not been completed. This was identified as an area for improvement. The volunteer's role within the setting was clearly specified.

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

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the day care setting's policies and procedures. There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member. Discussion took place with the manager in relation to developing a more detailed system for recording staff induction. This will be followed up at the next inspection.

Written records were retained by the day care setting of the person's capability and competency in relation to their job role. The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by agencies.



### 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.

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.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure.

The manager also manages another day care setting which is registered with RQIA. Advice was given in relation to developing a system for recording the hours/days spent in each of the day care settings.

### 6.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with the Day Care Settings Minimum Standards, (revised), 2021.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	1

The area for improvement and details of the QIP were discussed with Ms. Sandra Boyd, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 20.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date on inspection</p>	<p>20. The registered person shall ensure staff including volunteers are recruited and employed in accordance with relevant legislation.</p> <p>2. Satisfactory criminal history disclosure information of the preferred candidate should be sought from AccessNI.</p> <p>This relates specifically to the volunteer working in the day care setting</p> <p>Ref: 5.2.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>As of the 13/06/2023, all staff including volunteers comply with the relevant legislation. Satisfactory Access NI returned for the relevant volunteer on 13/06/23.</p>

*\*Please ensure this document is completed in full and returned via Web Portal*



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