

Inspection Report

27 January 2022



Valley Centre

Type of service: Day Care Setting
Address: Unit 11, Glendermott Business Park, Tullyvalley, Derry,
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Western Health and Social Trust (WHST)	Registered Manager: Ms Sandra Boyd
Responsible Individual: Mr Neil Guckian Registration Pending	Date registered: 5 June 2020
Person in charge at the time of inspection: Ms Sandra Boyd	
Brief description of the accommodation/how the service operates: This is a Day Care Setting with 25 places that provides care and day time activities for people with learning difficulties. The centre is one of a number of centres run by the WHST in the learning disability programme of care.	

2.0 Inspection summary

An announced inspection was undertaken on 27 January 2022 between 9.55 a.m. and 2.45 p.m. by the care inspector.

This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practice, dysphagia, monthly quality monitoring and Covid-19 guidance.

Two areas requiring improvement were identified in relation to adult safeguarding training and fire safety.

Good practice was identified in relation to staff recruitment. Good practice was also found in relation to the system in place of disseminating Covid-19 related information to staff.

The findings of this report will provide the day care 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.

Prior to inspection we reviewed the information held by RQIA about this day care setting. This included the previous inspection report and any written and verbal communication received since the previous care inspection.

The inspection focused on:

- contacting the service users, their relatives, WHSCT representatives and staff to find out their views on the service.
- reviewing a range of relevant documents, policies and procedures relating to the day care setting'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 seven service users and two staff.

In addition we received questionnaires from service users/relatives and electronic survey feedback from staff which indicated that they were generally happy with the service provided by the agency. Comments made are included in the report.

Comments received during inspection process-

Service users' comments:

- "I come here five days of the week."
- "I just love it here."
- "I like to go out on the bus."
- "I am going to do dancing via a zoom session."
- "I like watching boxing on the television."
- "I like baking banana bread."
- "I liked the old building as well."
- "The staff help me and are good to me."

Relative comments:

- "XXXX loves the Valley Centre and all the staff. XXXX looks forward to going everyday"

Staff comments:

- “I got an induction to the day care setting and service users.”
- “Service users get an excellent service.”
- “We are aware of DoLS and the Mental Capacity Act and we got DoLS training.”
- “Adult safeguarding is everybody’s business.”
- “All training we have completed is work related.”
- “The manager is beyond good.”
- “The manager listens to staff and tries to get a solution to problems/issues.”
- “It’s a very good team to work in.”
- “Valley Centre is a lovely environment to work in, there is always a great atmosphere between service users and staff.”

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 Valley Centre was undertaken on 30 May 2019 by a care inspector; no areas for improvement were identified.

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

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 adult safeguarding concerns.

It was noted that staff are required to complete classroom based adult safeguarding training during their induction programme and two yearly updates thereafter. However it was noted that day care setting support staff had not completed adult safeguarding training. An area for improvement has been identified in this regard.

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 day care setting's policy and procedure with regard to whistleblowing.

The day care setting had a system for retaining a record of referrals made to the WHSCT in relation to adult safeguarding. Records reviewed and discussions with the manager indicated that no adult safeguarding referral 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.

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 day care setting's policy and procedures.

All staff had completed DoLS training appropriate to their job roles; records reviewed clarified training. Discussion with staff clarified their knowledge of the subject. Discussion with the manager confirmed that no service users met the criteria to have a DoLS practice in place.

The manager told us that the day care setting did not manager service users' monies.

Staff demonstrated that they had an 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.

It was noted that a fire risk assessment for 2021 was not available for review on the day of the inspection. Review of the fire risk assessment for May 2020 confirmed that a number of significant findings had not been addressed within the specified timeframe. An area for improvement has been identified in this regard.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

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

The Manager confirmed that the day care setting had not received any specific recommendations from SALT in relation to service users' Dysphagia needs.

It was positive to note that a number of staff had completed Dysphagia awareness training and other staff had provided written confirmation that they had reviewed information on Modified Texture Diets.

5.2.3 Are their robust systems in place for staff recruitment?

A review of the staff recruitment records confirmed that recruitment for new staff was completed in conjunction with the organisation's Human Resources (HR) department. Review of staff recruitment records confirmed that recruitment was managed in accordance with the Regulations and Minimum Standards, before staff member's commenced employment and had direct engagement with service users. Records reviewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that one staff member was not appropriately registered with NISCC. However, before the end of the inspection, RQIA had evidenced that this had been rectified.

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

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 day care setting's monthly monitoring were reviewed. The process included engagement with service users, service users' relatives, staff and WHSCT representatives. The reports included details of the review of service user care records; accident/incidents; safeguarding matter and complaints. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

We noted the following comments on the day care settings quality monitoring report from a service user's relative:

'XXXX XXXX stated that should XXXX have a concern, which is rare, this would be dealt with promptly and professionally.'

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.

6.0 Conclusion

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

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	2	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Sandra Boyd, 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 20 (1) (c) (i)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</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>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Support staff currently working in the Valley Centre have now been registered onto the next available adult Safeguarding training. Certificates of completion will be held accordingly.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 26 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</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>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: A fire risk assessment had been completed in the Valley Centre 30/09/2021 but unfortunately the written report had never been received on-site. This has now been received and action points have been actioned by staff.</p>

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