

# Inspection Report

10 June 2021



## Tempo Road Day Centre

Type of service: Day Care Services

Address: Tempo Road Day Centre, 42a Tempo Road, Enniskillen,  
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[www.rqia.org.uk](http://www.rqia.org.uk)

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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 (WHSCT)	<b>Registered Manager:</b> Mrs Amanda Robinson
<b>Responsible Individual:</b> Dr Anne Kilgallen	<b>Date registered:</b> Acting manager awaiting registration
<b>Person in charge at the time of inspection:</b> Manager	
<b>Brief description of the accommodation/how the service operates:</b> This is a day care setting that is registered to provide care and day time activities for up to 30 service users for older people over the age of 65 yrs old, who may be frail, have dementia or have mental health needs or living with a physical disability. The day care setting is managed by the Western Health and Social Care Trust (WHSCT).	

## 2.0 Inspection summary

An announced inspection took place on 10 June 2021, at 09-15 am by the care inspector. This inspection focused 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. It was good to note that all service users had received an annual care review

Good practice was identified in relation to appropriate checks being undertaken before staff were supplied to the setting. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff. There were good governance and management oversight systems 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.

The inspection focused on:

- Contacting the service users and staff to find out their views on the service
- Reviewing a range of relevant documents, policies and procedures relating to the day centres governance and management arrangements

## 4.0 What people told us about the service

We spoke with a number of service users and staff including the manager. We provided a number of questionnaires to service users and or relatives to facilitate comments on the quality of service provision. The returned questionnaires show good satisfaction levels. We noted some of the comments reviewed:

- “All is good.”
- “Very happy with everything.”
- “I am happy with the care and interaction I’m receiving.”
- “I like the centre and the staff.”

An electronic survey provided to staff received no returns.

Comments received during the inspection process:

### Service users’ comments:

- “It’s good to be back.”
- “Staff are excellent we could not ask for better.”
- “Good activities.”
- “It’s good to meet with others to chat.”
- “Supportive staff.”

### Staff comments:

- “Both supervision and training is good.”
- “I had a comprehensive induction and all staff were helpful.”
- “Good staff support.”
- “We communicate well with each other.”

## 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 of the service was undertaken on 27 February 2019 by a care inspector. A number of areas for improvement were identified:

Areas for improvement from the last inspection on 27 February 2019		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 22.2  <b>Stated:</b> First time	The registered person should ensure that staff have recorded individual, formal supervision sessions according to the day care setting’s procedures and no less than every three months. Ref: 6.7	<b>Met</b>

<b>To be completed by:</b> 31 March 2019	<b>Action taken as confirmed during the inspection:</b> A number of staff supervisions were made available for review and they met the standard.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 22.5  <b>Stated:</b> First time  <b>To be completed by:</b> 31 March 2019	The registered person should ensure that staff have a recorded annual appraisal with their line manager to review their performance against their job description, and to agree personal development plans. Ref: 6.7  <b>Action taken as confirmed during the inspection:</b> A number of staff appraisals were made available for review and they met the standard.	<b>Met</b>
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 10.7  <b>Stated:</b> First time  <b>To be completed by:</b> 30 April 2019 31 March 2019	The registered provider should ensure that menus are rotated over a three-week cycle and are revised at least six monthly, taking into account seasonal availability of foods and service users' views. Ref: 6.6  <b>Action taken as confirmed during the inspection:</b> Menus were made available for review these were varied and met the standard.	<b>Met</b>
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 23.8  <b>Stated:</b> Third time  <b>To be completed by:</b> 31 March 2019	The registered provider should ensure that staff meetings take place on a regular basis and at least quarterly.  Ref: 6.7  <b>Action taken as confirmed during the inspection:</b> A number of meeting minutes reviewed and were satisfactory.	<b>Met</b>

## 5.2 Inspection findings

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

The day care settings provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding

Champion Position report was not available for review; however the manager will contact the HSC Trust and update information that will inform RQIA.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns.

It was noted that staff are required to complete adult safeguarding training during their induction programme and annual updates thereafter. All records reviewed were in place.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents 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 setting has a system for recording referrals made to the WHSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that no adult safeguarding referrals have been made since the last inspection.

The day care setting has provided service users with information in relation to 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 no incidents had been reported since the last inspection.

All staff had completed DoLS training appropriate to their job roles. Records reviewed clarified training.

Discussion with staff clarified their knowledge of the subject.

Staff demonstrated that they have 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.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control (IPC) practices. Staff were observed adhering to guidance and were knowledgeable during discussions.

### **5.2.3 Are their robust systems in place for staff recruitment?**

The review of the day care settings staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and direct engagement with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates are 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.

#### 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 user's relatives and staff. The reports included details of the review of service user care records, accident/incidents; safeguarding matters, complaints, training, and staffing arrangements.

We noted some of the comments made by service users, staff and relatives during the monthly quality monitoring:

**Service users:**

- "I'm very happy with the attention from staff."
- "The staff are great and could not do enough for you."
- "I'm glad to get out again."

**Staff:**

- "Good PPE and training."
- "Good team support."
- "Happy with staffing levels."
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**Relatives:**

- "Great support from staff."
- "Staff are friendly and helpful."
- "Delighted with the service the centre gives."

It was positive to note 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.

It was good to note that all service users had received an annual care review. We have noted some of their comments that reflect their thoughts about the quality of care provided:

- "\*\*\*\*\* appreciates the care and support received from the centre."
- "I have someone to chat to."
- "Happy to be back at the centre."
- "\*\*\*\*\* enjoys the placement."

There is a process for recording complaints in accordance with the day care settings policy and procedures. It was noted that no complaints had been received since the last inspection. This was supported during the inspector discussions with service users

The manager confirmed that the centre had received specific recommendations from the Speech and Language Therapist (SALT) in relation to service user's dysphagia needs to ensure the care received in the service was safe and effective. These assessments were reviewed and were satisfactory. Staff are updated as assessments are received.

It was established during discussions with the manager that the centre had not been involved in any Serious Adverse Incidents (SAI's)/Significant Event Analysis's (SEA's) or Early Alert's (EA's).

We reviewed the annual provider report. The report evidenced that the registered person is meeting their statutory responsibility to regularly monitor and improve the quality of their service in ways that matter to the people using it. (Regulation 17)

## **6.0 Conclusion**

Based on the inspection findings and discussions held with the service manager, staff and service users RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team.

## **7.0 Quality Improvement Plan/Areas for Improvement**

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the manager as part of the inspection process and can be found in the main body of the report.



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