

# Inspection Report

## 13 July 2021



## Melrose Day Centre

Type of service: Day Care Setting  
Address: Rosstowney House, Glendermott Road, Londonderry, BT47  
6BG  
Telephone number: 028 7131 4218

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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> Mr Robert Francis Donnelly
<b>Responsible Individual:</b> Dr Anne Kilgallen	<b>Date registered:</b> 20 August 2012
<b>Person in charge at the time of inspection:</b> Mr Robert Francis Donnelly	
<b>Brief description of the accommodation/how the service operates:</b> Melrose Day Centre is a day care setting that is registered to provide care and day time activities for up to 25 service users with mental health difficulties. The day centre is open Monday to Friday and is managed by the Western Health and Social Care Trust (WHSCCT).	

## 2.0 Inspection summary

An unannounced care inspection took place on 13 July 2021 between 10.05am and 3.05pm.

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 satisfied with the standard of care and support provided.

This inspection resulted in two areas for improvement in relation to adult safeguarding training and the reporting of incidents.

Good practice was identified in relation to appropriate checks being undertaken before staff commenced employment in the day centre. 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.

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

The inspection focused on reviewing a range of relevant documents, policies and procedures relating to the day centre's governance and management arrangements. This included checking how care staffs' registrations with the NISCC were monitored.

We discussed any complaints and incidents during the inspection with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of services in the day centre. This included service user/relative questionnaires and a staff poster. Seven service users' responses were received and the respondents were very satisfied or satisfied that care was safe, effective, compassionate and well led. No staff responses were received within the timescale requested.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

#### 4.0 What people told us about the service

The information provided by service users during the inspection indicated that there were no concerns in relation to the day centre. All confirmed that they were satisfied with the standard of care and support provided. The inspector spoke with five service users and two staff including the manager.

##### Service users' comments:

- "Staff are very respectful and helpful."
- "I feel very comfortable here and staff always make me feel very welcome."
- "Staff always wear their Personal Protective Equipment (PPE) and ensure we are safe in the centre."
- "We are involved in decisions about what we want to do when we are here."
- "Lots of hand sanitiser available to us."
- "Great place to come."
- "The staff at Melrose are extremely kind and caring people."

##### Staff comments:

- "Individual care and support provided."
- "All staff have done Level 2 DoLS training."
- "Excellent teamwork, we are a small team."
- "There is a Covid-19 folder available and good information provided to staff."
- "Service users are always offered choice and are involved in the running of the centre."
- "I've done all my mandatory training including adult safeguarding, infection prevention and control which included donning and doffing; good training provided."
- "There are no service users with dysphagia needs."
- "Adequate staff to meet the service users' needs."

## 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 25 July 2019 by a care inspector; no areas for improvement were identified.

## 5.2 Inspection findings

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

The day centre'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 demonstrated 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 confirmed that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter. It was noted that one staff member had not received adult safeguarding update training. An area for improvement was identified.

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 day centre's policy and procedure with regard to whistleblowing.

The day centre has a system for retaining a record of referrals made in relation to adult safeguarding matters. Records viewed and discussions with the manager indicated that no referrals had been made with regards to adult safeguarding since the last inspection. Adult safeguarding matters are reviewed as part of the quality monitoring process.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided. The day centre has provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

Service users and staff advised that there was enough staff to ensure the safety of the people who used the service. Observation of the delivery of care at the time of inspection evidenced that service users' needs were effectively met by the number of staff on duty.

There were systems in place to ensure that notifiable events were recorded. It was noted that one incident had not been reported to RQIA in line with Regulation 29 of The Day Care Setting Regulations (Northern Ireland) 2007. An area for improvement was identified.

Staff were provided with training appropriate to the requirements of their role. This included DoLS training. 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 manager confirmed that no restrictive practices were used in the day centre.

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

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

The review of the day centre's 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 evidence that criminal record checks (AccessNI) had been completed for staff.

A review of records confirmed all staff working in the day centre are currently registered with 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 minimum standards. The manager confirmed that all staff are aware that they are not permitted to work if their professional registration lapses. Discussion with staff confirmed that they were registered with NISCC. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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

The discussions with the manager and staff confirmed that no service users require assessment by the Speech and Language Therapist (SALT) in relation to dysphagia needs. The manager advised that he was aware of the SALT referral process if a service user presented with eating, drinking or swallowing difficulties.

### **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. Quality monitoring visits had been undertaken by a monitoring officer. A sample of reports viewed from April to June 2021 provided evidence that the monitoring process included engagement with service users and staff, also that the conduct of the day centre was examined and that action plans for improvement were developed, if necessary.

There is a process for recording complaints in accordance with the day centre's policy and procedures. The manager confirmed that no complaints were received since the date of the last inspection. Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the manager was made aware of any complaints.

There was a system in place to ensure that staff received supervision and appraisal in accordance with the day centres policies and procedures.

Staff described their role in relation to reporting poor practice and their understanding of the centre's policy and procedure on whistleblowing.

It was established during discussions with the manager that the day centre 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 the manager, 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 by the manager.

This inspection resulted in two areas for improvement in relation to adult safeguarding training and the reporting of incidents.

The inspector would like to thank the manager, service users and staff for their support and co-operation throughout the inspection process.

## 7.0 Quality Improvement Plan/Areas for Improvement

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the manager, as part of the inspection process. The timescales commence from the date of inspection.

## 7.1 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 and the Day Care Settings Minimum Standards, 2012.



## Quality Improvement Plan

### Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland), 2007

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 29 (1) (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of any event in the day care setting which adversely affects the wellbeing or safety of any service user.</p> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The Registered person will give notice to RQIA without delay of the occurrence of any event in the day care setting which adversely affects the wellbeing or safety of any service user.</p> <ul style="list-style-type: none"> <li>• This was discussed within our staff team meeting</li> <li>• In collaboration with my staff team an action plan was drew up</li> <li>• Action plan includes Melrose centre own record recordings.</li> <li>• Recording on Datix system</li> <li>• Inform family members or significant others of the event</li> <li>• Notify keyworker</li> <li>• RQIA</li> <li>• Update Paris system</li> </ul> <p>Action plan is now displayed (laminated) on staff notice board for reference.</p>

### Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 13.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that staff have completed training on and can demonstrate knowledge of adult safeguarding.</p> <p>Ref: 5.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The registered person will ensure that staff have completed training on adult safeguarding.</p> <p>This was discussed within our staff team meeting. All staff are fully aware of the importance of Adult Safeguarding level 2. We are aware of the learning this training provides offering us great awareness of the signs of harm we as care workers should be looking out for and the procedures should we be concerned or indeed are made aware of.</p> <p>After the staff member made several unsuccessful attempts to secure a place on this training the registered person contacted the administrator to outline the importance and requirement of this training to meet the Day Care regulations and standards.</p>

	<p>Date secured for this training and will take place 24th September 2021.</p>
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	<p>All other staff have completed and fully up to date at this time.</p>
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	<p>Training is also discussed during supervision and appraisal.</p>
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The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

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

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