

Inspection Report

10 August 2021



Maybrook Adult Training Centre

Type of service: Day Care Setting
Address: 149 Racecourse Road, Derry, BT48 8NG
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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 Care Trust (WHSCT)	Registered Manager: Miss Nicola Cooke
Responsible Individual: Dr Anne Kilgallen	Date registered: 5 December 2019
Person in charge at the time of inspection: Miss Nicola Cooke	
Brief description of the accommodation/how the service operates: Maybrook Adult Training Centre is a day care setting with up to 75 places that provides care and day time activities Monday to Friday for adults with varying degrees of learning disability needs. Some service users also require support due to sensory needs, dementia and physical disability.	

2.0 Inspection summary

An announced care inspection took place on 10 August 2021 between 10.25am and 5.10pm.

This inspection focused on the Northern Ireland Social Care Council (NISCC) registrations and/or the Nursing and Midwifery Council (NMC) as appropriate, 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.

Areas requiring improvement were identified regarding the environment, infection prevention and control (IPC) and care records.

Good practice was identified in relation to staff training and the monitoring of care staffs' registrations with the NISCC and/or the NMC. 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.

The findings of this report will provide the establishment 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 Quality Improvement Plan (QIP) and any 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 care setting's governance and management arrangements. This included checking how care staffs' registrations with the NISCC and/or the NMC 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 care setting. This included service user/relative questionnaires and a staff poster. No service users/relatives or 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 care setting. All confirmed that they were very satisfied with the standard of care and support provided. The inspectors spoke with three service users and six staff including the manager.

Service users' comments:

- "Maybrook is my favourite place."
- "I choose what I want to do here."
- "Staff wear their face masks."
- "I was out on the bus to Buncrana today."
- "Staff help me do things in the centre, they are nice."
- "Staff are great, I love it. I am really happy coming here."
- "I am happy with the staff, we go on bus runs."

Staff comments:

- "I am offered a variety of training which is relevant to the service users' needs."
- "Well supported by management and an open and transparent culture in the centre."
- "I have done IPC training including Covid-19 awareness and PPE."

- “Lots of extra precautions in place in relation to Covid-19 including additional training, extra cleaning, social distancing and the use of PPE.”
- “Care and support is individualised and reviewed on a regular basis.”
- “I am aware of the types of abuse and how to report and escalate concerns.”
- “I am very happy and feel well supported, I have no issues.”
- “We have a good team, we can raise concerns. The management are very approachable. The service users are well cared for.”
- “I have had Dysphagia training.”

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 24 January 2020 by a care inspector; one area for improvement was identified. A QIP was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 26 (2) (b) Stated: First time	The registered person shall, having regard to the number and needs of the service users, ensure that the premises to be used as the day care setting are of sound construction and kept in a good state of repair internally and externally. The following issues must be addressed: <ul style="list-style-type: none"> • The paintwork on a number of doors and doorframes was chipped. • The floor covering in the male toilet was damaged. • A broken toilet seat was observed in the male toilets. • The entrance area to the male toilets was cluttered with items such as boxes of hand towels, a stool and empty filing cabinet. • A number of shower curtains were present in place of doors in the male and female toilets in the identified unit. 	Partially met
	Action taken as confirmed during the inspection: A review of the day care setting’s environment was undertaken.	

	The areas highlighted with the exception of the provision of toilet doors in the male and female toilets were satisfactorily addressed. This element of the area for improvement will be stated for a second time.	
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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 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.

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

The day care setting has a system for retaining a record of referrals made to the relevant Health and Social Care Trust 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 care setting 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.

All incidents and accidents were recorded on an electronic system which are reviewed and audited by the manager, to ensure follow up of any outstanding actions, and the WHSCT governance department. There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Staff were provided with training appropriate to the requirements of their roles. 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.

On entering the day care setting the inspectors' temperature and contact tracing details were obtained by the senior day care worker who advised that this is completed for all persons entering the day care setting in line with current Covid-19 guidelines.

The environment was observed during the inspection and there was evidence of IPC measures in place such as personal protective equipment (PPE) which was available for staff. Other IPC measures were in place, which included seven step hand hygiene guidance notices being positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins.

We identified a number of issues that were not in accordance with IPC best practice guidance. We observed continence pads, surgical face masks and additional toilet rolls stored uncovered in toilets used by service users. A staff member was observed wearing a long sleeved garment whilst carrying out their duties within the day care setting. This practice should be reviewed to ensure that all staff adhere to the WHSCT's "Bare below the Elbow policy". An area for improvement has been made in this regard.

There were numerous laminated posters displayed throughout the day care setting to remind staff of good hand washing procedures and the correct method for donning and doffing PPE.

Observations of the environment concluded that it was fresh smelling and clean throughout.

An area for improvement identified in the previous care inspection report regarding the provision of toilet doors in the identified male and female toilets was not addressed. The manager provided detailed correspondence that evidenced that she had raised this matter on a number of occasions with relevant WHSCT personnel. This area for improvement will be stated for a second time.

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.

5.2.2 Are their robust systems in place for staff recruitment?

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

A review of records confirmed all staff working in the day care setting are currently registered with NISCC or the NMC. 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 or the NMC. 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)?

It was noted that a number of service users have been assessed by SALT in relation to dysphagia needs and specific 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. It was positive to note all staff had undertaken dysphagia awareness training.

However, the review of care records identified that there were discrepancies between the consistency-type indicated on the risk assessments, to that recorded on the care plans. This was discussed with the manager who agreed to address the matter. An area for improvement has been made in this regard.

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 May to July 2021 provided evidence that the monitoring process included engagement with service users, service users' representatives and staff, also that the conduct of the day care setting was examined and that action plans for improvement were developed, if necessary.

There is a process for recording complaints in accordance with the day care setting's policy and procedures. The manager confirmed that one complaint was received since the date of the last inspection. It was noted that the complaint had been managed in accordance with the day care setting's policy and procedures.

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 care settings policies and procedures.

It was established during 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 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.

Areas requiring improvement were identified regarding the environment, IPC and care records.

The inspectors 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
Total number of Areas for Improvement	2*	1

* the total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Nicola Cooke, manager, and a senior day care worker, as part of the inspection process. The timescales commence from the date of inspection.

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>Area for improvement 1</p> <p>Ref: Regulation 26 (2) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 31 October 2021</p>	<p>The registered person shall, having regard to the number and needs of the service users, ensure that the premises to be used as the day care setting are of sound construction and kept in a good state of repair internally and externally. The following issue must be addressed:</p> <ul style="list-style-type: none"> • A number of shower curtains were present in place of doors in the male and female toilets in the identified unit. <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken: Manager has escalated this issue to Head of Service and senior management and asked for this issue to be prioritised. Estates have received the MCW (minor capital works) request for replacement doors. Estates to cost this work and seek approval of same as part of outstanding work detailed within the current QIP.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered persons shall ensure that the risk assessments and care plans are reflective of the International Dysphagia Diet Standardisation Initiative (IDDSI), as indicated on the SALT care plan.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken: Identified files have been updated on 11/08/2021 in conjunction with Speech & Language department, on site nurses, band 5 day care workers and day care management. All care plans and risk assessments reflect the IDDSI terminology as indicated on recent speech & language plans in place.</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person should review and develop an established system to assure compliance with best practice in infection prevention and control within the day care setting.</p> <p>Matters as detailed below should be addressed with immediate effect:</p> <ul style="list-style-type: none"> • continence pads should be stored in their original packaging until required for use • surgical face masks and additional toilet rolls should not be stored uncovered in bathrooms • ensure all staff comply with the WHSCT's Bare below the Elbow policy. <p>Ref: 5.2.1</p>
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Response by registered person detailing the actions taken:

Day care management have ordered additional storage and staff team are aware that continence pads, surgical facemasks and toilet rolls must be stored within storage units. Additional surgical masks and additional toilet rolls have been removed from bathroom vicinities and staff team aware to avoid accumulation of same. All staff have been advised to adhere to the "Bare below the Elbow" policy. Ongoing infection prevention audits and monitoring will continue in relation to the above guidance by appointed infection control champions and management within the facility.

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



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