

# Inspection Report

14 March 2024



## Lisanally Resource Centre

Type of service: Day Care Setting  
Address: 84 Lisanally Lane, Armagh, BT61 7HF  
Telephone number: 028 3756 4090

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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> Southern Health and Social Care Trust  <b>Responsible Individual:</b> Dr Maria O'Kane	<b>Registered Manager:</b> Miss Claire Mc Keever (Acting)
<b>Person in charge at the time of inspection:</b> Miss Claire Mc Keever	
<b>Brief description of the accommodation/how the service operates:</b> Lisanally Resource Centre is a day care setting with 25 places for service users over 65 years and persons living with dementia. The service provides care and therapeutic activities, Monday to Friday each week. This service is operated by the Southern Health and Social Care Trust (SHSCT).	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 14 March 2024 between 9.10 a.m. and 3.10 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 (DoLS), Service user involvement, Restrictive practices and Dysphagia management was also reviewed.

Areas for improvement identified were related to completion of documentation and training.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements 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.

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.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic staff survey.

#### **4.0 What did people tell us about the service?**

During the inspection we spoke with a number of service users and staff members.

The information provided indicated that there were no concerns in relation to the day care setting expressed by the service users. Concerns expressed in relation to staffing were discussed with the manager on the date of inspection.

Comments received included:

##### **Service users' comments:**

- "The staff are great"
- "there is lots to do here."
- "I feel safe here."
- " I love coming here"
- "The staff will do anything they can to help you."

##### **Staff comments:**

- "The seniors and manager are very approachable and supportive"
- "The training is great, I really enjoyed the training."
- "The care for the service users is of a high standard."
- "My training has been cancelled a number of times because of staffing issues."
- "The activities we can do for the service users depends on our staffing levels."
- "The service users are very well cared for; their needs are always put first."
- "Our staffing levels have been lower since December, but the service users remain well cared for and activities continue."

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

- “Brilliant.”
- “Staff are excellent in all aspects.”
- “Enjoy coming here, love it!”
- “Everything is the best care I could wish for.”

There were no responses to the electronic survey.

## **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 23 February 2023 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 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.

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. They could also describe their role in relation to reporting poor practice and their understanding of the day care setting’s policy and procedure with regard to raising concerns.

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 manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

The manager reported that none of the service users currently required the use of specialised mobility equipment. They were aware of how to source such training should it be required in the future.

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.

Reviewed care files contained inaccurate information in relation to medical histories and medication information. Personal Emergency Evacuation Plans (PEEPs) were not consistently signed and dated, in addition the PEEP's were not accurately completed. Signatures were absent from some documents in the care files. In addition, one of the induction records reviewed did not contain any signatures or dates. An area for improvement has been identified.

The manager advised that no service users required their medicine to be administered with an oral syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) (2016) 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 MCA.

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, their care records contained the relevant forms. The day care setting maintains a register of those service users who have a DoL in place.

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

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of 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 service 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 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.

The day care setting had completed an annual review in relation to their practice which incorporated service user and their representatives' feedback.

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

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. 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.

### **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). There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

### **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 induction programme which also included shadowing of a more experienced staff member.

### **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 and staff.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

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. No complaints were received since the last inspection.

The training matrix was viewed, this database had a number of blank training date fields and did not lend itself to easy of identification of expiring or expired training. An area for improvement has been identified.

'There was a system in place for managing instances where a service user did not attend the day centre as planned. This included a system for signing in and out the service users who attend. An identified person will check the vehicle at the end of each journey to ensure that no service users remained on the transport.

Records examined identified that a number of safety checks and audits had been undertaken including fire alarm tests. During the inspection fire exits were observed to be clear of clutter and obstructions.

We discussed the acting management arrangements which have been ongoing since 1 December 2023; RQIA will keep this matter under review.

## 6.0 Quality Improvement Plan/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.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	0

The areas for improvement and details of the QIP were discussed with Miss Claire Mc Keever, Acting 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 11  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from the date of inspection.	<p>The registered person ensure that the day centre setting is managed with sufficient care, competence and skill. This specifically relates to care files containing inaccurate information in relation to medical histories and medication information. Personal Emergency Evacuation Plans (PEEPs) not consistently signed and dated or accurate. Signatures were absent from some documents in the care files. One induction record reviewed did not contain any signatures or dates.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>            The Registered Manager can confirm that the Senior staff and Day Care team has been advised of the identified areas for improvement following inspection. The Registered Manager</p>

	<p>can confirm that the Care plans highlighted, have now been reviewed and updated from the date of the inspection. All PEEPs have been reviewed to ensure they are signed and dated. The induction record was also reviewed, signed and dated.</p> <p>The Registered Manager will undertake an Audit to ensure compliance with record keeping standards as set out in the Day Care Settings Regulations (NI) Regulation 11 and DHSSPS Good Management Good Record.</p> <p>The audit will commence 22 April 2024 and complete 30 April 2024.</p> <p>The audit standards used will define good practice for records and address the broad requirements that apply to record keeping in a day care setting.</p> <p>The audit results will be shared with all those who participated in the audit. The actions which have emerged, have provided a valuable opportunity to improve record keeping practice, facilitate learning, maximise patient safety and improve the quality of care. Actions will also include identifying the most effective way to share the learning, more widely across Adult Community Service Teams.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 20</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediately from the date of inspection.</p>	<p>The responsible person shall ensure at all times staff receive training appropriate to the work undertaken. This relates specifically to the training matrix, the number of blank training date fields and that the database did not lend itself to easy of identification of expiring or expired training</p> <p>Ref: 5.2.6</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The Registered Manager can confirm that the area for improvement relating to Regulation 20 has been completed within the required time frame. Immediate action was taken following the inspection, to ensure that all staff whose e-learning training was out of date, have now undertaken and completed their training. Staff requiring face to face training dates have now had these training dates confirmed.</p> <p>The update to the Learn HSCNI learning platform, now provides the Registered Manager access to enable regular individual staff training reports. This will enable and facilitate closer scrutiny of audit compliance.</p> <p>The Manager has also updated the current Day Care Service Staff Training excel Matrix, used to record staff training. The</p>

	update now includes a built in time bound prompts, which will trigger when individual staff training is required to be renewed and also trigger an alert if individual staff training dates have expired.
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