

Inspection Report

Name of Service: Lisanally Resource Centre

Provider: Southern Health Social Care Trust

Date of Inspection: 12 November 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Southern Health and Social Care Trust
Responsible Individual/Responsible Person:	Dr Maria O'Kane
Registered Manager:	Ms Claire McKeever (Acting)
Service Profile – 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 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 took place on 12 November 2024, between 9.45 a.m. and 4.20 p.m. by a care Inspector.

The inspection was undertaken to evidence how the day care setting is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 14 March 2024; and to determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led.

The inspection evidenced that effective and compassionate care was delivered to service users. Details and examples of the inspection findings can be found in the main body of the report. Areas for improvement identified related to recruitment, the storage of care records, risk assessments, monthly quality monitoring visits, the fire risk assessment and needs assessments.

Service users said that they enjoyed coming to the day care setting. Refer to Section 3.2 for more details.

We wish to thank the manager, staff and service users for their support and cooperation during the inspection.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the day care setting was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this day care setting. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the day care setting; and review/examine a sample of records to evidence how the day care setting is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service and their quality of life

We spoke to a number of service users and staff to seek their views of attending and working within the day care setting.

Service users spoke very positively about their experience of attending the day care setting; they said they liked attending and staff were respectful and always took time to listen to their views. Discussion with service users confirmed that they were able to choose how they spent their day including the provision of social activities.

Service users told us that they were encouraged to participate in regular service users' meetings which provided an opportunity for them to comment on aspects of the running of the day care setting.

Staff spoke very positively in regard to the care delivery in the day care setting. One told us that care and support was of a high standard and activity provision was good. Staff indicated that management were approachable, teamwork was good and they felt well supported in their role.

The information provided indicated that those we spoke with did not have any concerns in relation to the day care setting.

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included: "All good."; "Service is excellent."

There were no responses to the electronic survey.

3.3 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 14 March 2024 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 14 March 2024		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 11 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Review of care records and discussion with the manager evidenced that this area for improvement had been met.	
Area for Improvement 2 Ref: Regulation 20 Stated: First time	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 ease of identification of expiring or expired training	Met
	Action taken as confirmed during the inspection: Review of the training matrix and discussion with the manager evidenced that this area for improvement had been met.	

3.4 Inspection findings

3.4.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users.

A review of the day care setting's staff recruitment records identified that criminal record checks (AccessNI) had not been consistently completed for all staff. The manager advised that this was due to the Trust's recruitment policy and procedure in relation to Trust staff moving to other posts within the Trust. This was discussed with the manager, who took immediate action to address the matter. An area for improvement has been identified.

The day care setting had maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

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 and a record of checks retained. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There was evidence of effective systems in place to manage staffing. Sufficient staff were on duty to support the service users. Service users confirmed that there was enough staff on duty to support them. Staff said that there were enough staff to meet the needs of the service users. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. It was evident that staff had a good understanding of the needs, likes and dislikes of individual service users.

3.4.2 Care Delivery

Staff interactions with service users were observed to be polite, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual service users' needs, their daily routine, wishes and preferences.

It was observed that staff respected service users' privacy by their actions such as offering personal care to service users discreetly. Staff were also observed offering service users choice in how and where they spent their day or how they wanted to engage socially with others and participate in activities.

Staff had completed Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. There were arrangements in place to ensure that service users that require 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 appropriate authorisation forms and these were reflected within the service users' care plans.

It was also positive to note that the day care setting had service users' meetings on a regular basis which enabled the service users to discuss what they wanted from attending the day care setting and any activities they would like to become involved in.

Service users had good access to food and fluids throughout their day. The dining room was observed to be clean and warm. Service users were safely positioned for their meals and the mealtimes were observed to be well organised and supervised. Staff communicated well to ensure that every service user received their meals in accordance with their assessed needs; it was positive to note that one staff member is responsible for checking all meals before they are provided to service users. Food provided was observed to be well presented and service users were offered a choice.

3.4.3 Management of Care Records

The service users' care plans contained details of their likes, dislikes, preferences and the level of care and support they may require. Service users, where possible, were involved in planning their own care and the details of care plans were shared with service users' relatives, if this was appropriate.

Review of a number of needs assessments evidenced that these did not accurately reflect the service users' needs and were not maintained on an up to date basis. An area for improvement has been identified.

Review of a service user's care record confirmed that they had been assessed by the Speech and Language Therapist (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. However, review of a service user's care records identified that a risk assessment had not been developed. Further review identified that a service user deemed at risk of falls had not a risk assessment in place to evaluate the risks and identify possible controls to mitigate those risks. An area for improvement has been identified.

A review of training records confirmed that staff had completed training in dysphagia and in relation to how to respond to choking incidents.

Observation of the day care setting's environment identified two unlocked filing cabinets containing care records. This was discussed with the manager who agreed to secure. An area for improvement has been identified.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures.

3.4.4 Quality and Management of the Environment

The day care setting was found to be warm, fresh smelling and clean throughout.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment.

Hazardous substances were noted to be stored appropriately in accordance with Control of Substances Hazardous to Health (COSHH) guidance.

The day care setting's fire safety precaution records were reviewed. Discussion with staff confirmed they were aware of the fire evacuation procedure. Fire exits were observed to be clear of clutter and obstruction. All staff had completed fire safety training and participated in an annual fire evacuation drill.

The day care setting's fire risk assessment was reviewed. A number of recommendations outlined in the report of 20 November 2023 had not been addressed. An area for improvement has been identified.

3.4.5 Quality of Management Systems

We discussed the acting management arrangements which have been ongoing since 21 December 2023; RQIA will keep this matter under review.

Service users and staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Review of quality monitoring reports identified that quality monitoring visits were not undertaken monthly in line with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. An area for improvement has been identified.

The Annual Quality Report was reviewed and was satisfactory.

The manager advised that 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 settings policy and procedure. Records reviewed and discussion with the manager indicated that no complaints had been made since the last inspection. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.

The day care setting's governance arrangements for the management of accidents/incidents were reviewed. Review confirmed that an effective incident/accident reporting policy and system was in place. Staff are required to record any incidents and accidents in a centralised electronic record, which is then reviewed and audited by the manager and the SHSCT governance department. A review of a sample of accident/incident records evidenced that these were managed appropriately.

The day care setting's provision for the welfare, care and protection of service users was reviewed. There was a procedure in place for staff to report concerns.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding and the process for reporting and managing adult safeguarding concerns.

Staff had a good understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns. Staff could describe their role in relation to reporting poor practice.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	5	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Claire McKeever, 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	
Area for improvement 1 Ref: Regulation 21 (1)(b) (2)(b) (3)(d) Stated: First time To be completed by: Immediate from the date of the inspection	<p>The registered person shall ensure that criminal records checks (AccessNI) are undertaken prior to employment and direct engagement with service users, this includes all staff regardless of whether or not they have transferred internally within the Trust.</p> <p>Ref: 3.4.1</p> <p>Response by registered person detailing the actions taken: The relevant criminal checks have been completed for all staff who work in the daycentre. These checks have been completed in line with the Trust process.</p>
Area for improvement 2 Ref: Regulation 19 (1)(b) Stated: First time To be completed by: Immediate from the date of the inspection	<p>The registered person shall ensure that care records are kept securely in the day care setting.</p> <p>Ref: 3.4.3</p> <p>Response by registered person detailing the actions taken: All records have been stored securely within the day centre. Work continues in relation to closed records. This will be completed by March 2025 but in the meantime these records are stored securely.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 16 (1) (2)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that the risk assessments are reflective of the International Dysphagia Diet Standardisation Initiative (IDDSI), as indicated on the Speech and Language Therapist (SALT) care plan; and falls risk assessments are completed, as appropriate.</p> <p>Ref: 3.4.3</p> <p>Response by registered person detailing the actions taken: All service users records are currently being reviewed and updated where necessary. The care plan has been redesigned which will ensure that all aspects of a service users risk assessment will be actively reviewed and updated accordingly.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 26 (4)(a)</p> <p>Stated: First time</p> <p>To be completed by: On completion of QIP</p>	<p>The registered person shall provide details of the action taken to address the recommendations highlighted in the fire risk assessment dated 20 November 2023.</p> <p>Ref: 3.4.4</p> <p>Response by registered person detailing the actions taken: The Estates work has commenced and is due to be completed by end of January 2025.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 28 (1) (2) (3) (4) (5)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that the quality monitoring visits are undertaken at least once a month.</p> <p>Ref: 3.4.5</p> <p>Response by registered person detailing the actions taken: A new monitoring officer is now in place from November 2024 whose role is to complete the monthly monitoring visit. A contingency arrangement is also in place in the event of the Monitoring officer's absence this will ensure visits are carried out monthly as per Regulation 28.</p>

Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021	
Area for improvement 1 Ref: Standard 4.3 Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that the needs assessments are updated, as necessary, signed and dated by the service user, the member of staff responsible for its review and the registered manager. Where the service user is unable or chooses not to sign any document, this should be recorded and the basis of his or her agreement to participate noted. Ref: 3.4.3
	Response by registered person detailing the actions taken: Work continues to review and update all service users documentation. A new programme of audit has been implemented in the day centre, which includes a review of service user's records, to ensure they are reflective of the service user needs and that risk assessments are up to date. The newly designed careplan will be signed by the service user or their representative or the reason for not signing will be documented in the care plan. The Monitoring Officer will review compliance of these audits and check signature is in place or reason for not signing as part of the monthly review.

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