

# Inspection Report

9 January 2023



## Clougher Valley Day Care

Type of service: Day Care Setting  
Address: 38 Augher Road, Clogher, BT76 0AD  
Telephone number: 028 85549320/321

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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 HSC Trust	<b>Registered Manager:</b> Mr Martin Stevenson
<b>Responsible Individual:</b> Dr Maria O'Kane	<b>Date registered:</b> 07/10/2010
<b>Person in charge at the time of inspection:</b> Senior Day Care Worker	
<b>Brief description of the accommodation/how the service operates:</b> This is a day care setting that provides care and day time activities for people over the age of 65, who may also be frail and / or, have dementia or who have needs arising from mental health diagnosis or a learning disability.	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 9 January 2023 between 9.00 a.m. and 1:30 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, Dysphagia management and Covid-19 guidance was also reviewed.

An area for improvement has been identified, this related to quality monitoring reports.

Good practice was identified in relation to service user involvement.

## 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 the 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 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.

Comments received included:

Service users' comments:

- "This service, couldn't be better."
- "Couldn't ask for better care."
- "There is always plenty to do."
- "I love being here, all the staff are very friendly."
- "I couldn't live without the centre."

Staff comments:

- "Induction was very good, very thorough."
- "There is good support, my manager is very approachable."
- "This is a great place to work, it's like a family."
- "I love working here."
- "The staff are fantastic, great teamwork."

There were no responses to the questionnaires or the electronic staff 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 19 January 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued.

Areas for improvement from the last inspection on 19 January 2022		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 28 (1) (2) (3) (4) (5)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing from the date of inspection	<p>The registered person must ensure that the quality monitoring visits are undertaken at least once a month or as agreed with the Regulation and Improvement Authority.</p> <p>Ref: 5.2.4</p> <p><b>Action taken as confirmed during the inspection:</b> The process for completing monthly monitoring visits has been reviewed and arrangements are now in place to ensure that these are completed in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.</p>	Not met
Action required to ensure compliance with the Day Care Settings Minimum Standards (revised), 2021		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 11.5  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing from the date of inspection	<p>The registered person shall ensure that records of, and receipts for, all transactions undertaken by the staff on each service user's behalf are maintained. Where the service user is unable or chooses not to sign two members of staff sign and date the record.</p> <p>Ref: 5.2.1</p> <p><b>Action taken as confirmed during the inspection:</b> This area of improvement has now been met with systems in place to ensure that records of, and receipts for, all transactions undertaken by staff on each service user's behalf are maintained are compliant with</p>	Met

	legislation	
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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).

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.

Service users said they had no concerns regarding their safety.

The person in charge 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.

All staff had been provided with training in relation to medicines management. The person in charge advised that no service users required their medicine to be administered with a syringe.

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.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The person in charge reported that none of the service users were subject to DoLS. A resource folder was available for staff to reference.

### **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 on a regular basis 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)?**

New standards for modifying food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). 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. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

### **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, three day 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?**

A number of quality monitoring reports (Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007), were available to be examined. The reports did not consistently include a review of service user care records; staff recruitment and training or feedback from engagement with service users, service users' relatives, staff and HSC Trust representatives.

An area for improvement had been identified in the previous inspection of 19 January 2022. Quality monitoring visits had not been undertaken in May, June July or December 2022. An area for improvement has been identified in relation to this finding.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

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.

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

An area for improvement has been identified where action is required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of Areas for Improvement</b>	1	0

The area for improvement has have been stated for a second time.

The area for improvement and details of the QIP were discussed with the person in charge and the registered 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 28 (1) (2) (3) (4) (5)  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate and ongoing from the date of inspection	The registered person must ensure that the quality monitoring visits are undertaken at least once a month or as agreed with the Regulation and Improvement Authority.  Ref:5.2.6
	<b>Response by registered person detailing the actions taken:</b> The Registered Manager and the Head of Service have reviewed and revised the Quality Monitoring Visiting Schedule to ensure that visits are undertaken at least monthly.





The **Regulation** and  
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**Authority**

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