

Inspection Report

31 July 2023



Clogher Valley Day Care

Type of service: Day Care Setting
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

| | |
|--|---|
| Organisation/Registered Provider: Southern HSC Trust | Registered Manager: Mr Martin Stevenson |
| Responsible Individual: Dr Maria O'Kane | Date registered: 7 October 2010 |
| Person in charge at the time of inspection: Mrs Rachel Irwin | |
| Brief description of the accommodation/how the service operates: 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 31 July 2023 between 09.20 a.m. and 3.20 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 are related to Monthly Quality Monitoring, Training and Fire Safety.

A meeting was held with Tierna Armstrong, Head of Service and Monica Mc Allister, Assistant Director, Older People on 9 August 2023 to discuss the inspection findings; during this meeting the Assistant Director provided assurances in regard to how the service will achieve compliance with the relevant Regulations and standards. RQIA will review the identified areas for improvement at a future inspection.

Good practice was identified in relation to service user feedback, the annual report and care planning.

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, relatives 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:

- "I love coming here."
- "The staff are all really good."
- "The service here is excellent."
- "I have nothing to complain about."
- "The food is lovely."
- "I enjoyed the bingo today, there are plenty of things to do here."

Staff comments:

- "Training is really good and thorough"
- "My manager is very supportive."
- "I feel able to raise any concerns to the manager."

- “There is an excellent level of care- we have good staffing levels so we can provide great care.”
- “I have no concerns about the service.”
- “This is a happy place to work in.”

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

- “The staff are very good at communicating with us.”
- “Clogher Day Centre is an excellent place to attend. Staff and food are excellent.”
- “It is well run and the staff are very friendly. I feel I can talk to any of them at any time.”
- It is a great way to meet other clients and have a great chat.”

There were no responses to 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 9 January 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was reviewed by the care inspector during this inspection.

| Areas for improvement from the last inspection on 9 January 2023 | | |
|--|--|--------------------------|
| Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 28 (1) (2) (3) (4) (5) Stated: Second time To be completed by: 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 | Not met |
| | Action taken as confirmed during the inspection: Records reviewed at inspection confirmed that Quality Monitoring visits were not consistently undertaken monthly. | |

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. Safeguarding training was not up to date for all staff. An area for improvement has been identified in relation to this finding, which will include other training that will be highlighted in later parts of this report. 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.

The Head of Service and Assistant Director, Older People advised during the meeting on 9 August 2023 that a process for improving the identification and undertaking of training has commenced.

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 person in charge reported that none of the service users currently required the use of specialised mobility equipment.

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.

Staff had been provided with training in relation to medicines management. A review of the training records identified that some training had expired. An area for improvement has been identified in relation to this finding, which will include other training highlighted in this report.

The person in charge advised that no service users required their medicine to be administered with a syringe. The person in charge 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.

The majority of staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. A review of the training records identified that some training had expired. An area for improvement has been identified in relation to this finding, which will include other training highlighted in this report.

The person in charge reported that none of the service users were subject to DoLS. Advice was given in relation to further developing the resource folder containing DoLS information which would be available for staff to reference.

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. A fire risk assessment was undertaken in October 2020 with a review date of October 2023, all identified actions were in date. The last fire evacuation was held on 10 May 2023. A number of staff members were identified as not present for any fire evacuation drills within 12 months. An area for improvement has been identified in relation to this finding. Fire training was up to date but the majority of staff. A review of the training records identified that some training had expired. An area for improvement has been identified in relation to this finding, which will include other training highlighted in this report.

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 services 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 a comprehensive annual review in relation to their practice which incorporated service user and their representatives' feedback (Regulation 17). This was disseminated to all of the service users, in a format which best met their communication needs.

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. A review of training records confirmed that although the majority of staff had completed training in Dysphagia and in relation to how to respond to choking incidents. A review of the training records identified that some training had expired. An area for improvement has been identified in relation to this finding, which will include other training highlighted in this report.

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.

There were no volunteers working in the day care setting.

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?

There was evidence that monthly monitoring arrangements for compliance with Regulation 28 of Day Care Setting Regulations (Northern Ireland) 2007, were not consistently being undertaken. The Head of Service and Assistant Director, Older People advised during the meeting on 9 August 2023 that resources for ensuring the monthly monitoring visits are undertaken has been identified. An area for improvement has been identified in relation to this finding and will be stated for a third and final time.

The Annual Quality Report was reviewed and was satisfactory.

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. No complaints were received since the last inspection,

6.0 Quality Improvement Plan/Areas for Improvement

Three areas for improvement have been identified where action is required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007 and Day Care Settings Minimum Standards, (revised), 2021.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of Areas for Improvement | 2* | 1 |

* the total number of areas for improvement includes 1 that has been stated for a third and final time

Areas for improvement were discussed with Tiarna Armstrong, Head of Service and Monica Mc Allister, Assistant Director, Older People (by way of a meeting following the inspection on 9 August 2023), as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007 | |
| Area for improvement 1 Ref: Regulation 28 (1) (2) (3) (4) (5) Stated: Third time To be completed by: 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:5.2.6</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>A process has now been put in place to ensure the quality monitoring visits are completed monthly. As per a request from RQIA the quality monitoring visit reports are being shared with the inspector. To date we have completed the monthly visits on the 02 August for July 2023 and 29 August for August 2023, these reports were forwarded to the inspector on the 04 September 2023 via email.</p> <p>The quality monitoring visit for September is scheduled to take place on the 05 October 2023, the report will be shared with the inspector in due course.</p> |
| Area for improvement 2 Ref: Regulation 20 (c) (i) Stated: First time To be completed by: Immediate and ongoing from the date of inspection | <p>The registered person shall ensure that staff receive mandatory training and other training appropriate to their work</p> <p>Ref: 5.2.1, 5.2.3</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>A Scoping exercise in relation to the staffs' compliance with both mandatory and other training required has now been completed. Any outstanding e-learning training has been completed and dates arranged and booked for those staff who have to attend face to face training.</p> <p>In addition to the new Learn HSCNI learning platform that the manager can access to run reports on staff compliance. The Day Centre has also developed a Training Matix with built in prompts to alert the manager each month to when staff training is due to be renewed.</p> |

Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021
Area for improvement 3
Ref: Standard 28 (6)

Stated: First time

To be completed by:
 Immediate and ongoing
 from the date of inspection

The registered person shall ensure all staff attend a fire evacuation drill at least once a year.

Ref: 5.2.1

Response by registered person detailing the actions taken:

A Scoping exercise in relation to staff compliance with fire evacuation drills has now been completed.

A fire drill was completed on 10 May 2023 and again on 17 August 2023 to capture all staff. At this time 100% of staff have completed this training. The registered Manager will also ensure that as part of all new staff inductions the date of Fire evacuation drill will be recorded.

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



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