

# Inspection Report

8 July 2024



## Clogher Valley Day Care

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

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Southern HSC Trust  <b>Responsible Individual/s:</b> Dr Maria O'Kane	<b>Registered Manager:</b> Ms Claire McKeever - Acting
<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 8 July 2024 between 10.00 a.m. and 3.00 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. and Covid-19 guidance was also reviewed.

An area for improvement was identified in relation to volunteer workers.

Good practice was identified in relation to service user involvement, training and monthly monitoring. 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.

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:**

- "I love coming here, the crier is great."
- "I wish I knew of this place years ago."
- "It's great to have a reason to get up in the morning."
- "The staff are all so caring and never rush me."
- "Lunch was lovely today- as always."
- "I am going to knit; I enjoy knitting here with my friends."
- "The music and singing was great today."

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

- "I am happy to work here."
- "The service users are well cared for and I have no concerns about their care."
- "I am confident that I can raise any concerns and the manager would listen to me."
- "My training is all up to date."

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

- "Very good. I love coming 3 days a week."

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 8 July 2024 by a care inspector. This was approved by the care inspector and was reviewed during this inspection.

Areas for improvement from the last inspection on 31 July 2023		
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> Third 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>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Reports from monthly monitoring visits were available on inspection	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 20 (c) (i)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing from the date of inspection	The registered person shall ensure that staff receive mandatory training and other training appropriate to their work  Ref: 5.2.1, 5.2.3	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The training matrix for the centre was viewed, which contained information of training on all staff employed to work in the centre	

Action required to ensure compliance with the Day Care Settings Minimum Standards (revised), 2021		Validation of compliance
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 28 (6)  <b>Stated:</b> First time  <b>To be completed by:</b> 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	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Fire drill was attended by all staff within one year	

## 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 and the process for reporting concerns.

The day care setting retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

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. 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.

Training in relation to medicines management had been provided to all appropriate staff.

The Mental Capacity Act (MCA) 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 had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. 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 appropriate documentation.

### **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)?**

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.

### **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 no new staff had been recruited since the last inspection.

There was a number of volunteers working in the Day Centre. The documentation in relation to volunteers did not include any training, supervision or appraisal information. An area for improvement has been identified.

### **5.2.5 What are the arrangements to ensure robust managerial oversight and governance?**

There were monthly monitoring arrangements in place. A review of the reports of the day care setting's monthly quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

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.

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.

It was discussed with the manager the need for transport staff or an identified person to check the vehicle at the end of each journey to ensure that no service users remained on the transport.

The manager had submitted an application to RQIA for registration as manager; this will be reviewed in due course.

## 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.

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

The area for improvement and details of the QIP were discussed with Ms Mary Sharkey, Senior Day Care Worker and 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21 (3)(b)(c)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from the date of inspection	<p>The registered person shall ensure that person working in a day care setting has training suitable to the work that he is to perform and is physically and mentally fit. This relates specifically to volunteer workers.</p> <p>Ref: 5.2.4</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The Registered Manager liaised with the Volunteer coordinator in the Trust to confirm dates for the Volunteer training, access NI and appropriate reference dates. The registered Manager confirmed roles and responsibilities around Volunteers in the Day Centres with the Co-ordinator.</p> <p>The six weekly review has now taken place with the Volunteer and the Registered Manager has now received dates for: all training completed at induction, including Safeguarding training, Enhanced Access NI completed checks Reference dates in relation to the Volunteer in the centre.</p> <p>The Volunteer policy and procedure has been shared with all senior staff in the Day Centre so we have a more robust system in place and greater understanding of roles and responsibilities for any new volunteers going forward.</p>

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





The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)