

# Inspection Report

## 15 June 2021



## Keady Day Centre

Type of Service: Day Care Setting  
Address: Annvale Road, Keady, BT60 2RP  
Tel No: 028 3753 1224

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Southern Health and Social Care Trust (SHSCT)	<b>Registered Manager:</b> Mr Martin Stevenson
<b>Responsible Individual:</b> Mr Shane Devlin	
<b>Person in charge at the time of inspection:</b> Mr Martin Stevenson	<b>Date manager registered:</b> 7 October 2010
<b>Brief description of the accommodation/how the service operates:</b> Keady Day Centre is day care setting that is registered to provide care and day time activities for up to 25 service users over the age of 65, who may be living with memory loss, dementia or have a mental illness. The day care setting is open Monday to Friday and is managed by the SHSCT.	

## 2.0 Inspection Summary

An unannounced care inspection took place on 15 June 2021 between 9.50am and 3.05pm.

This inspection focused on the Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring and Covid-19 guidance.

Service users said that they were satisfied with the standard of care and support provided.

There were no areas for improvement identified during this inspection.

Good practice was identified in relation to appropriate checks being undertaken before staff commenced employment in the day care setting. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff. There were good governance and management oversight systems 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.

Prior to inspection we reviewed the information held by RQIA about this day care setting. This included the previous inspection report and Quality Improvement Plan (QIP) and written and verbal communication received since the previous care inspection.

The inspection focused on reviewing a range of relevant documents, policies and procedures relating to the day care setting's governance and management arrangements. This included checking how care staffs' registrations with the NISCC were monitored.

We discussed any complaints and incidents during the inspection with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of services in the day care setting. This included service user/relative questionnaires and a staff poster. Three service users' responses and one relative's response were received and the respondents were satisfied that care was safe, effective, compassionate and well led. No staff responses were received within the timescale requested.

The findings of the inspection were provided to the manager and a senior day care worker at the conclusion of the inspection.

#### 4.0 What people told us about the service

The information provided by service users during the inspection indicated that there were no concerns in relation to the day care setting. All confirmed that they were satisfied with the standard of care and support provided. The inspector spoke with four service users, one relative and four staff including the manager.

##### Service users' comments:

- "I am very safe here and well taken care of."
- "Staff treat me very well."
- "I am happy here and I like coming."
- "Staff always wear their masks and do lots of extra cleaning."
- "This is a good place and I have no complaints."
- "Dinner is lovely, you get choice."
- "Staff are the best you will get, always happy to see you."

##### Relatives' comments:

- "This is an excellent service."
- "Very good communication and staff will inform me of any changes with my Mum."
- "Staff have kept us updated about the reopening of the centre and the changes to ensure everyone is kept safe."

- “Staff always wear their PPE.”
- “The care and attention that the staff provide in Keady to those who use the facility is exemplary.”
- “My mother has flourished under their care.”
- “There is a drop off and collection point in place.”

**Staff comments:**

- “We have a great team here and we all work well together.”
- “Lots of Covid-19 information available to staff in the Covid folder including risk assessments.”
- “Staff do their best to provide a high standard of care in the centre.”
- “Good training provided; I have done infection prevention and control, dysphagia awareness and restrictive practice training.”
- “No restrictions in the centre for the service users, they have the freedom of the building.”
- “I am well supported by the manager, he is approachable and fair.”
- “We always wear our PPE to protect everybody.”
- “We have two service users with dysphagia needs. A copy of the Speech and Language Therapists (SALT) guidelines are in the care records and copies are also kept in the kitchen.”
- “I know how to report any concerns and we have a whistleblowing policy.”

**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 inspection of the service was undertaken on 5 September 2019 by a care inspector; two areas for improvement were identified. A QIP was issued. This was approved by the care inspector and will be validated during this inspection.

**5.1.2 Review of areas for improvement from the last care inspection dated 5 September 2019**

Areas for improvement from the last care inspection		
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 26 (2) (n) <b>Stated:</b> First time	The registered person shall ensure that all staff are aware of and adhere to the guidelines regarding the control of substances hazardous to health.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> On the day of inspection the COSHH cupboard was locked. Discussions with the manager and staff confirmed that this has been the practice since the last care inspection.</p>	
<p><b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b>  <b>Ref:</b> Standard 28.2  <b>Stated:</b> First time</p>	<p>The registered person shall improve the fire safety precautions in the centre. The fire door wedged open, (registered managers office door) should have an automatic door closure or similar fitted as recommended by the fire safety officer who inspects the centre. This will enable the registered manager to maintain an 'open door' policy. The actions and timescale for completion should be reported on the returned QIP.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> On the day of inspection no fire doors were observed wedged in the open position. The manager advised that the day care setting had been closed for a significant period of time since the last inspection. Due to the closure of the service an automatic door closure had not been fitted to the manager's office door. A request has been forwarded to the estates department to undertake the fitting of an automatic door closure. Discussions with the manager and staff confirmed that the practice of wedging of fire doors has ceased.</p>	

## 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 demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

It was confirmed that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the day care setting's policy and procedure with regard to whistleblowing.

The day care setting has a system for retaining a record of referrals made in relation to adult safeguarding matters. Records viewed and discussions with the manager indicated that no referrals had been made with regards to adult safeguarding since the last inspection. Adult safeguarding matters are reviewed as part of the quality monitoring process.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided. The day care setting has provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

Service users and staff advised that there was enough staff to ensure the safety of the people who used the service. Observation of the delivery of care at the time of inspection evidenced that service users' needs were effectively met by the number of staff on duty.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that no incidents had been reported since the last inspection.

Staff were provided with training appropriate to the requirements of their role. This included DoLS training. Staff had an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. The manager confirmed that no restrictive practices were used in the day care setting.

There was a good system in place to share information relating to Covid-19 and infection prevention and control (IPC) practices. Staff were observed adhering to guidance and were knowledgeable about IPC during discussions.

The environment was observed during the inspection and there was evidence of infection prevention and control measures in place such as PPE which was available for staff. Other infection prevention and control measures were in place, which included seven step hand hygiene notices positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins. Wall mounted hand sanitisers were strategically located throughout the day care setting. Wall mounted hand sanitisers checked were clean, sufficient product was available and these were well maintained and fit for purpose. There were numerous laminated posters displayed throughout the day care setting to remind staff of good hand washing procedures and the correct method for donning and doffing PPE. Observations of the environment concluded that it was fresh smelling and clean throughout.

### 5.2.2 Are their robust systems in place for staff recruitment?

The manager advised that there were no newly recruited staff to the day care setting and that the staff team had all worked in the day care setting for a number of years. The manager confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and direct engagement with service users.

A review of records confirmed all staff working in the day care setting are currently registered with NISCC. Information regarding registration details and renewal dates was monitored by the manager; this system was reviewed and found to be in compliance with regulations and minimum standards. The manager confirmed that all staff are aware that they are not permitted to work if their professional registration lapses. Discussion with staff confirmed that they were registered with NISCC. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

### 5.2.3 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Quality monitoring visits had been undertaken by a senior manager. A sample of reports viewed for September 2020 and May 2021 provided evidence that the monitoring process included engagement with service users, service users' representatives and staff, also that the conduct of the agency was examined and that action plans for improvement were developed, if necessary.

There is a process for recording complaints in accordance with the day care settings policy and procedures. It was noted that one complaint had been received since the last inspection. The complaint had been managed in accordance with Regulation 24 of The Day Care Setting Regulations (Northern Ireland) 2007. Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the manager was made aware of any complaints.

It was noted that a number of service users have been assessed by the Speech and Language Therapist (SALT) in relation to dysphagia needs and specific recommendations made. Staff were implementing the recommendations to ensure the care received was safe and effective for each individual service user.

It was noted that all staff, including catering staff, had undertaken dysphagia awareness training. The discussions with staff and review of service user care records indicated that they had a good understanding of the needs of individual service users with regards to swallowing difficulties and any modifications to their food and fluid intake.

There was a system in place to ensure that staff received supervision and appraisal in accordance with the day care settings policies and procedures.

Staff described their role in relation to reporting poor practice and their understanding of the centre's policy and procedure on whistleblowing.

It was established during discussions with the manager that the day care setting had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).

**6.0 Conclusion**

Based on the inspection findings and discussions held with the manager, staff, service users and a relative, RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the manager.

**7.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Martin Stevenson, manager and a senior day care worker, as part of the inspection process and can be found in the main body of the report.

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





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