

Inspection Report

13 December 2022



Keady Day Centre

Type of service: Day Care Setting
Address: Annvale Road, Keady, BT60 2RP
Telephone number: 028 3753 1224

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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 Health and Social Care Trust (SHSCT)	Registered Manager: Mr Martin Stevenson
Responsible Individual: Dr Maria O'Kane	Date registered: 7 October 2010
Person in charge at the time of inspection: Mr Martin Stevenson 9.50 a.m. to 12 p.m. Senior Day Care Worker from 12 p.m. to 3.40 p.m.	
Brief description of the accommodation/how the service operates: 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 inspection was undertaken on 13 December 2022 between 9.50 a.m. and 3.40 p.m. The inspection was conducted by a care inspector.

The inspection examined the day care setting'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.

Areas for improvement identified related to the service's fire risk assessment and monthly quality monitoring arrangements.

Good practice was identified in relation to service user involvement and staff training. There were good governance and management arrangements in place.

We would like to thank the manager, service users and staff for their support and co-operation throughout the inspection process.

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 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 really enjoy coming to the day centre; the staff are the best you will find anywhere."
- "Staff are kind and caring and always listen to what I have to say."
- "Lovely place and always clean; staff are always cleaning."
- "I am happy coming here and would miss the place if I couldn't get."

Staff comments:

- "I got a very good induction and the Trust offer very good training."
- "We have daily morning meetings and all changes regarding service users are discussed."
- "We have a focus on dysphagia and all staff have attended training."
- "I am well supported by the manager; the manager is very approachable and will always take time to listen to your views."

- “Staffing levels meet the service users’ needs.”

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided.

There were no responses to 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 15 June 2021 by a care inspector. No areas for improvement were identified.

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

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. They could also 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.

Records viewed and discussions with the manager indicated that no referrals had been made with regard to adult safeguarding since the last inspection.

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 day care setting had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The day care setting's governance arrangements in place for identifying, managing and, where possible, eliminating unnecessary risk to service users' health, welfare and safety were reviewed during the inspection. This indicated that an effective incident and 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 these records and discussion with the manager evidenced that incident and accidents were managed appropriately.

Observation of and discussion with staff evidenced that staff were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, discussions with staff and the manager evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users.

Staff consulted with on the day of inspection spoke positively about the training they receive and confirmed that they received sufficient training to enable them to fulfil the duties and responsibilities of their role and that training was of a good standard. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as first aid, information governance and dysphagia.

Where service users required the use of specialised equipment to assist them with moving, this was included within the day care setting's mandatory training programme. A review of care records identified that moving and handling risk assessments and care plans were up to date.

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

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

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 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 Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. A resource folder was available for staff to reference. 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.

Observation of the environment was undertaken during a walk around of the day care setting, it confirmed that the environment was warm, clean, fresh smelling and had suitable lighting. Fire exits and walk ways were clear and free from any obstructions.

Discussion with the manager confirmed that furniture, aids and appliances were fit for purpose for the diverse needs of service users.

A fire risk assessment had been undertaken in September 2022. Evidence was not available to confirm that a significant finding highlighted in the fire risk assessment had been satisfactorily addressed. An area for improvement has been made in this regard.

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 positive 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. Some matters discussed included:

- Activities
- Covid-19
- Safeguarding awareness
- Transport arrangements

Staff had completed an awareness programme regarding what constitutes abuse and the reporting arrangements with service users; this is commendable.

The day care setting had completed an annual review in relation to their practice which incorporated service user and their representatives' feedback (Regulation 17). The manager advised that the report 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)?

New standards for thickening 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.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

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). Information regarding registration details and renewal dates was monitored by the manager. The manager confirmed that all staff were aware that they were not permitted to work if their professional registration was to lapse.

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.

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.

A review of the records pertaining to Regulation 20 of The Day Care Settings Regulations (Northern Ireland) 2007 and Standard 21 of The Day Care Settings Minimum Standards 2021 relating to staff also identified that they had been recruited, inducted and trained in line with the regulations.

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

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

We discussed the monitoring arrangements under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken by an independent monitoring officer. The reports evidenced engagement with service users and service users' representatives; review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training and the development of action plans for follow up at subsequent visits.

Review of Regulation 28 monthly quality monitoring visits identified that a monitoring visit had not been undertaken in May and June 2022. An area for improvement has been made in this regard.

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 process for recording complaints in accordance with the day care setting's policy and procedures. The review of records and discussion with the manager confirmed that no complaints were received since the date of 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.

Discussions with the manager and staff described positive working relationships in which issues and concerns could be freely discussed; staff reported they were confident that they would be listened to. In addition, staff confirmed that they felt supported by management.

6.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	2	0

Areas for improvement and details of the QIP were discussed with the senior day care workers, 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 26 (4)(a) Stated: First time To be completed by: Immediate and ongoing from the date of inspection	<p>The registered person shall provide confirmation that the significant findings highlighted in the fire risk assessment dated September 2022 have been satisfactorily addressed.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: This falls under section 3 and will be addressed by the fire safety team/estates capital team if funding becomes available recent communication from buliding control estates team. I have forwarded this issue to the fire safety department and estates team responsible.</p>
Area for improvement 2 Ref: Regulation 28 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	<p>The registered person must ensure that the monthly quality monitoring visits are in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.</p> <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken:</p> <p>On behalf of the Registered Person and in conjuction the Head of Service a rotational shedule for undertaking monthly monitoring visits is in place</p> <p>The Monitoring visits have to date been undertaken within the required time frame as specified by Regualtion 28. which requires the quality of the services to be monitored and a report prepared on a monthly basis</p> <p>The monitoring visits schedule is currently supported by other Registered Day Care Managers in the Direcotrate who undertake the monitoring officer role. in a day centre which is not managed by them. This is in addtition to their usual repsonsibiliteis for the day care services which they manage..</p> <p>When a monitoring visit cannot be undertaken within the time frame this is flagged to the Head of Service who will nominate another Registered Manager or undertake the visit herself. On this occasion there was an oversight and the monitoring visit was not undertaken within the required time frames as per the schedule .</p>

	<p>Following this RQIA requirement the monitoring schedule has now been reviewed and strengthened by two additional Managers. The recent appointment of a Locality Manager following the retirement of the previous post holder and a further appointment to a Bank Registered Manager post created to support short-term relief for the Registered Manager means that there will now be 2 additional staff undertaking Monitoring Visits.</p> <p>The Head of Service, on behalf of the Registered Manager is also reviewing the justification for a stand alone job role for a "Monitoring Officer". There is reference to this role within both the Day Care Regulations and the Residential Homes Regulations. A Monitoring Officer Role has been implemented with positive outcomes in other divisions and Directorates in the Southern Trust and the job description and specification for this is currently being sourced.</p> <p>This role would be a welcome addition to the Team providing an independent resource that would also be utilised to support the Monitoring Visits across Registered and Regulated Services within Older People Services.</p>
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The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

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