

# Unannounced Care Inspection Report 15 January 2020



## Newtownstewart Day Centre

**Type of Service: Day Care Service**  
**Address: ABB Parish Hall, Dublin Street,  
Newtownstewart, BT78 4AE**  
**Tel No: 02881663120**  
**Inspector: Angela Graham**

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

This is a day care setting that is registered to provide care and day time activities for up to 15 service users for older people over the age of 65 and who may be frail. The day care setting is open Wednesday and is managed by the Western Health and Social Care Trust (WHSCT).

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Western Health and Social Care Trust  <b>Responsible Individual:</b> Dr Anne Kilgallen	<b>Registered Manager:</b> Sabrina Conwell, Manager (Acting)
<b>Person in charge at the time of inspection:</b> Sabrina Conwell, Manager (Acting)	<b>Date manager registered:</b> Awaiting registration
<b>Number of registered places:</b> 15	

### 4.0 Inspection summary

An unannounced inspection took place on 15 January 2020 from 11.10 to 14.10.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

Three areas requiring improvement were identified regarding the environment, complaints management and policies and procedures.

Evidence of good practice was found in relation to staff members' registrations with the Northern Ireland Social Care Council (NISCC), infection prevention and control practices and staff training.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users are "staff are the best; they are kind and caring to us all"; "great centre and great staff" and "all is good here; you could not ask for better care".

The findings of this report will provide the day care setting with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Sabrina Conwell, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

## 4.2 Action/enforcement taken following the most recent care inspection dated 24 October 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 24 October 2018.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration details of the day centre
- information and correspondence received by RQIA since the last inspection
- incident notifications which highlighted that no incidents had been reported to RQIA since the care inspection on 24 October 2018
- unannounced care inspection report and QIP dated 24 October 2018.

During the inspection, the inspector met with the manager and two care assistants. Introductions were made to all service users while walking around the setting with individual interaction with six service users.

Ten service user and/or relatives' questionnaires were provided for distribution; four service user/relative questionnaires were returned to RQIA within the timeframe for inclusion in this report. The respondent indicated that they were very satisfied or satisfied that care provided to service users was safe, effective and compassionate and that the day care setting was well led.

At the request of the inspector, the manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the day centre to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received.

An RQIA information leaflet 'How can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

The following records were examined during the inspection:

- Complaints record
- Staff roster
- RQIA registration certificate
- Fire risk assessment dated 11 September 2019
- Sample of policies and procedures
- Records confirming registration of care staff with the Northern Ireland Social Care Council (NISCC).

Two areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met for one and partially met for one.

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

The findings of the inspection were provided to the manager at the conclusion of the inspection.

## 6.0 The inspection

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 28.1  <b>Stated:</b> First time	The registered provider should ensure that there is a copy of the findings pertaining to the current assessment and fire management plan available in the day care setting. Confirm by return the findings to be actioned are in line with timescales specified by the fire risk assessor.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. A fire risk assessment had been completed on 11 September 2019 and the manager confirmed that the significant finding was addressed.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 18  <b>Stated:</b> Second time	The registered provider should ensure that the full range of policies required by the Day Care Settings Minimum Standards, January 2012, Appendix 2 are in place. These policies and procedures should be dated when issued, reviewed or revised and ratified by the registered person following revision to or the introduction of new policies and procedures.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager confirmed that the policies and procedures had been reviewed following the previous care inspection. The manager also confirmed that the reviewed policies and procedures had been forwarded to senior management within the WHSCT for ratification however to date the policies and procedures have not been ratified. Therefore this area for improvement has not been fully met and has been stated for	

	a third and final time.	
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## 6.1 Inspection findings

The manager described the staffing levels which have been assessed as necessary to provide a safe service in the setting. Assurances were provided to the inspector that sufficiently qualified, competent and experienced persons are working at all times to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose. A review of the staffing roster for weeks commencing 4 December 2019 until 15 January 2020 evidenced that the planned staffing levels were adhered to.

Discussions with staff and service users confirmed that they felt there were sufficient staff to ensure the safety of service users in the day centre. 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 arrangements in place to ensure that staff are registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates were maintained and available to the inspector. The manager confirmed that all staff are currently registered with NISCC.

The manager advised that no staff had been recruited since the previous care inspection and the most recent staff member appointed was approximately seven years ago. The manager confirmed that staff employment records were held within the WHSCT human resources department and that all appointments were made in compliance with relevant legislative requirements and trust policy and procedures.

The setting's training record demonstrated that there was an ongoing programme of mandatory training for staff, relevant to their roles and responsibilities, which will assure staff know how to keep service users safe. There was evidence that compliance with completing mandatory training was routinely monitored by the manager and any training now due for update was being followed up with the staff member by the manager. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities such as infection prevention and control, adult safeguarding, basic food hygiene, moving and handling and first aid.

One complaint had been recorded since the previous care inspection on 24 October 2018. There was no evidence of communication with the complainant, the results of any investigation, the action taken and the outcome of the complaint in relation to the complainant's satisfaction. This has been identified as an area for improvement.

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff. Discussion with the manager confirmed that the policies and procedures had been reviewed to ensure that the full range of policies required by the Day Care Settings Minimum Standards, January 2012, Appendix 2 were in place. The reviewed policies and procedures had been forwarded to senior personnel within the WHSCT for ratification with a timeline of completion for 31 March 2019. To date these policies and procedures have not been ratified by senior personnel within the WHSCT. This had been identified as an area for improvement for a second time at the last inspection and has been stated for a third and final time.



The day centre’s fire safety precaution records were reviewed. It was noted the last full evacuation drill was undertaken on 12 June 2019. Discussion with staff confirmed they were aware of the evacuation procedure. An updated fire risk assessment was completed on 11 September 2019 and the manager confirmed that the significant finding was addressed. Fire exits were observed to be clear of clutter and obstruction.

A review of the day centre’s environment was undertaken and the day centre was found to be warm, had suitable lighting and no mal odour was noted. The review identified that the paintwork in the male toilets was chipped and peeling. This has been identified as an area for improvement.

Discussion with the manager and observation of the environment confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users. Infection prevention and control measures were in place, which included the availability of supplies of liquid soap and hand towels mounted on the walls, foot pedal operated bins and seven step hand hygiene notices which were positioned at wash hand basins. Staff also had effective access to gloves and aprons as required.

**Service users’ comments:**

- “I am very safe and well looked after here; I love it.”
- “This is a happy place to come and staff look after us well; we want for nothing.”
- “We are treated very well and have choice of how we spend our time.”
- “All is good here and change is not needed.”
- “Staff are diamonds and always are cheery.”
- “I know all the staff and they know what I need.”

**Staff comments:**

- “Staffing levels meet the service users’ needs and are always kept under review.”
- “The care here is safe and all staff are aware of the service users abilities and the level of support they need.”
- “Care is good and it is person centred.”
- “We treat all service users equally and fairly.”
- “Service users are offered choice and we ensure independence is maintained and promoted.”
- “I have supervision with the manager every three months.”
- “I have attended all the mandatory training and find it beneficial in my role.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff members’ registrations with the Northern Ireland Social Care Council (NISCC), infection prevention and control practices and staff training.

**Areas for improvement**

Three areas requiring improvement were identified regarding the environment, complaints management and policies and procedures.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	1

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Sabrina Conwell, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## **7.1 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 and the Day Care Settings Minimum Standards, 2012.

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.



## Quality Improvement Plan

### Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007

**Area for improvement 1**  
**Ref:** Regulation 26 (2) (b)  
**Stated:** First time

The registered person shall, having regard to the number and needs of the service users, ensure that the premises to be used as the day care setting are of sound construction and kept in a good state of repair internally and externally. Address the chipped peeling paintwork in the identified toilet.

**To be completed by:**  
 30 April 2020

Ref: 6.1

**Response by registered person detailing the actions taken:**  
 Meeting held with the landlord and highlighted issues discussed. Landlord will address these issues. Environment will be kept under review and any further issues addressed.

**Area for improvement 2**  
**Ref:** Regulation 24

The registered manager should ensure that the centre's complaints procedure is implemented effectively, in keeping with Regulation 24 of Day Care Setting Regulations (Northern Ireland) 2007.

**Stated:** First time

Ref: 6.1

**To be completed by:**  
 Immediate and ongoing

**Response by registered person detailing the actions taken:**  
 New Complaints folder now in place with Policy at the front as requested by the RQIA Inspector.

### Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

**Area for improvement 1**  
**Ref:** Standard 18

The registered provider should ensure that the full range of policies required by the Day Care Settings Minimum Standards, January 2012, Appendix 2 are in place. These policies and procedures should be dated when issued, reviewed or revised and ratified by the registered person following revision to or the introduction of new policies and procedures.

**Stated:** Third time

**To be completed by:**  
 30 April 2020

Ref: 6.1

**Response by registered person detailing the actions taken:**  
 All Policies are now in place and forwarded for ratified.



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