

Inspection Report

23 April 2024



Beragh Day Centre

Type of service: Day Care Setting
Address: Corner Stone Centre, Beragh, BT79 7XE
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Western HSC Trust	Registered Manager: Ms Kyra Crawford
Responsible Individual: Mr Neil Guckian	Date registered: 21 December 2022
Person in charge at the time of inspection: Ms Kyra Crawford	
Brief description of the accommodation/how the service operates: Beragh Day Centre is a day care setting that is registered to provide care and day time activities for up to 25 service users who are over 65; service users may also have a physical disability and may be experiencing early signs of memory loss. The day centre is managed by the Western Health and Social Care Trust (WHST).	

2.0 Inspection summary

An unannounced inspection was undertaken on 23 April 2024 between 10.50 a.m. and 1.45 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.

An area for improvement identified related to monthly monitoring.

Good practice was identified in relation to service user involvement, staff training and the monitoring of staffs' registration with the Northern Ireland Social Care Council (NISCC).

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 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.

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 enjoy attending the day centre."
- "The staff are good."
- "If I had any concerns, I would tell the staff."
- "The activities are good."
- "We have a say in what activities we do."
- "We are well looked after by the staff."

Staff comments:

- "The service is person centred and the clients are happy, comfortable and content. We ask the clients what activities they want to do, and they are given choice. If there are any concerns, I would report them to the manager, who would act on them. The manager communicates well with me and makes herself available. She is very easy to approach. I am up to date with all my mandatory training and I am aware to keep my NISCC registration up to date."

HSC Trust representatives' comments:

- "I have very good communication with the service. The service is person centred. I have no concerns about the service. If there were any concerns, I would share them with the manager."

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

No responses were received 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 4 April 2023 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 in normal business hours. 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.

The day care setting retained records of any referrals made to the Health and Social Care (HSC) Trust in relation to adult safeguarding. A review of records 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 manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Staff were provided with training appropriate to the requirements of their role. The manager reported that none of the service users currently required the use of specialised 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.

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 (Northern Ireland) (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.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS.

Records examined identified that a number of safety checks and audits had been undertaken including weekly fire alarm testing. It was noted that a full fire evacuation drill was undertaken on the 9 April 2024. The annual Fire Risk Assessment was completed on 28 April 2024 and no actions were identified. During the inspection fire exits were observed to be clear of clutter and obstruction.

The day care setting was found to be warm, fresh smelling and clean throughout. There were no obvious hazards to the health and safety of the service users, visitors or staff.

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. Some matters discussed included:

- Activities
- Transport

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

Whilst none of the service users had swallowing difficulties, it was positive to note that staff had completed training in dysphagia and the management of a choking incident.

5.2.4 What systems are in place for staff recruitment and are they robust?

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.

Checks were made to ensure that staff were appropriately registered with the NISCC. There was a robust 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 newly appointed staff are required to complete 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.

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?

A review of the agency's quality monitoring reports 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; complaints; safeguarding matters; staff recruitment and training, and staffing arrangements. However, the inspector identified that not all accident/incidents and complaints had been detailed. An area for improvement has been identified.

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.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed.

It was discussed with the manager the need to implement a system 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 also 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 welcomed this advice and agreed to implement a system to record these checks.

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
Total number of Areas for Improvement	1	0

The area for improvement and details of the QIP were discussed with Ms Kyra Crawford, Registered 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	
Area for improvement 1 Ref: Regulation 28 (b) Stated: First time To be completed by: Immediate from the date of the inspection and on going	<p>The registered manager shall ensure that the written monthly quality monitoring report includes a record of any accidents/incidents and complaints.</p> <p>Ref: 5.2.6.</p> <p>Response by registered person detailing the actions taken: Manager will check each month that the provider visit contains the correct information regarding accidents/incidents and complaints.</p>

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