

Inspection Report

3 August 2021



Beragh Day Centre

Type of service: Day Care Setting
Address: Beragh Day Centre, Corner Stone Centre, Beragh, BT79 7XE
Telephone number: 028 8075 7058

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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 Health and Social Care Trust	Registered Manager: Mrs Sabrina Conwell (Acting)
Responsible Individual: Dr Anne Kilgallen	Date registered: Not Applicable
Person in charge at the time of inspection: Mrs Sabrina Conwell	
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 open Tuesday to Friday and is managed by the Western Health and Social Care Trust (WHSCT).	

2.0 Inspection summary

An unannounced care inspection took place on 3 August 2021 between 11.05am 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 very satisfied with the standard of care and support provided.

This inspection resulted in one area for improvement in relation to adult safeguarding training for transport staff.

Good practice was identified in relation to appropriate checks being undertaken before staff commenced employment in the day centre. 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 centre. 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 centre'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 their relatives on how feedback could be provided to RQIA about the quality of services in the day centre. This included service user/relative questionnaires and a staff poster. Nine service users' responses were received and the respondents were very 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 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 centre. All confirmed that they were very satisfied with the standard of care and support provided. The inspector spoke with six service users and four staff including the manager.

Service users' comments:

- "I couldn't suggest anything to make the place better."
- "Lots of things have changed since Covid-19 and staff do lots more cleaning such as chairs, tables and door handles."
- "Well looked after by all; wouldn't miss a day."
- "The centre is a life line for all that come and I was very lonely when the centre was closed."
- "Staff always wear their PPE."
- "I feel safe in the centre and know that staff do their best to keep us safe."
- "Staff are attentive and kind."
- "You get a great welcome when you arrive and are offered tea and toast."

Staff comments:

- "We have a small staff team and know all the service users' needs."
- "Very well supported in my role and good training offered."
- "We don't have anyone with dysphagia needs however, I have had dysphagia training."
- "No restrictive practices in the centre and the ladies and gentlemen have freedom and choice."
- "Great support and we can raise any issues at any time; we are always listened to."
- "Lots of PPE available and other measures in place to ensure a safe environment."
- "I have completed DoLS, adult safeguarding, dysphagia awareness and fire training."
- "Lots of extra cleaning undertaken and signed off."

Returned questionnaires indicated that the respondents were very satisfied that care was safe, effective, compassionate and well led. We have noted some of the comments received:

- “I would not be here if I did not feel safe and well cared for.”
- “We would be lost without the day centre and the staff.”
- “Really helps my mental health.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last care inspection on 10 January 2020		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 26 (2) (b) Stated: First time	<p>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. The following deficits must be addressed:</p> <ul style="list-style-type: none"> • high level cobwebs present in the kitchen • damaged ceiling tiles in the identified toilet • stains and dust present in ventilation vent in the identified toilet • stained floor tiles at the main entrance • clutter present in the main entrance to the centre • small tear noted in kitchen floor covering. 	Met
	<p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of the environment evidenced that this area for improvement had been satisfactorily addressed.</p>	

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The day centre'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 care staff are required to complete adult safeguarding training during their induction programme and required updates thereafter. However, it was noted that transport staff had not received training with regards to adult safeguarding. An area for improvement was made in this regard.

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 centre's policy and procedure with regard to whistleblowing.

The day centre 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 centre has provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

There were systems in place to ensure that notifiable events were recorded.

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 centre.

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 IPC measures in place such as personal protective equipment (PPE) which was available for staff. Other IPC 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 centre.

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 centre 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 centre and that the staff team had all worked in the day centre 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 centre 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 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The discussions with the manager and staff confirmed that no service users require assessment by the SALT in relation to dysphagia needs. The manager advised that he was aware of the SALT referral process if a service user presented with eating, drinking or swallowing difficulties.

It was positive to note that all staff had attended dysphagia awareness training.

5.2.4 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 monitoring officer. A sample of reports viewed from April to June 2021 provided evidence that the monitoring process included engagement with service users, service users' representatives and staff, also that the conduct of the day centre was examined and that action plans for improvement were developed, if necessary.

There is a process for recording complaints in accordance with the day centre's policy and procedures. 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 deal with complaints and ensure that the manager was made aware of any complaints.

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

It was established during discussions with the manager that the day centre 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 and service users, 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.

One area for improvement was made in relation to adult safeguarding training for transport staff.

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

7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	1

An area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with the manager, as part of the inspection process. The timescales commence from the date of inspection.

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that staff have completed training on and can demonstrate knowledge of adult safeguarding.</p> <p>This relates specifically to transport staff.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken: Head of Service Denise Foster will contact Transport Manager to arrange this. We will include transport staff at any in house training if possible.</p>



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