

Inspection Report

14 June 2021



Drumhaw Day Centre

Type of service: Day Care
Address: Drumhaw Park, Lisnaskea, BT92 0FT
Telephone number: 028 6772 1588

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Western Health & Social Care Trust	Registered Manager: Mrs. Amanda Robinson
Responsible Individual: Dr Anne Kilgallen	Date registered: 13 March 2020
Person in charge at the time of inspection: Mrs. Amanda Robinson	
Brief description of the accommodation/how the service operates: This is a day care setting that is registered to provide care and day time activities for up to 16 service users for people over the age of 65, who may also be frail, have a physical disability, sensory impairment, mental health need, and/or early stage dementia. The day care setting is open Monday to Friday and is managed by the Western Health and Social Care Trust (WHSCT).	

2.0 Inspection summary

An announced inspection took place on 14 June 2021 at 0900 -1130am by the care inspector.

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

Good practice was identified in relation to appropriate checks being undertaken before staff are supplied to 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. It was good to note that all annual care reviews had been completed.

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.

The inspection focused on:

- Contacting the service users and staff to find out their views on the service

- Reviewing a range of relevant documents, policies and procedures relating to the day care settings governance and management arrangements

4.0 What people told us about the service?

We spoke with a number of service users and two staff including the manager. We provided a number of questionnaires to service users and or relatives to facilitate comments on the quality of service provision. The returned questionnaires show good satisfaction levels. We noted some of the comments:

Comments:

- “I am more than happy with staff.”
- “It was so good to be back following lockdown.”
- “The staff here are so caring and kind.”
- “An excellent centre and the food is good.”
- “Staff help to keep us safe.”

In addition we issued an electronic survey for feedback from staff no comments were received prior to the issue of this report.

Comments received during the inspection process:

Service users' comments:

- “It's good to be back.”
- “Staff are first class.”
- “Staff are a very good support.”
- “We all feel safe and secure.”

Staff comments:

- “We have good relationship with the manager.”
- “We feel safe and secure with the PPE guidance.”
- “Good training and induction are in place.”
- “We provide a wide range of activities.”

5.0 The inspection

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

The last inspection of the service was undertaken on 6 June 2019 by a care inspector. Two areas for improvement were identified:

Areas for improvement from the last inspection on 6 June 2019		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 29 (1) (d) Stated: First time To be completed by: 13 June 2019	The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of any event in the day care setting which adversely affects the wellbeing or safety of any service users. Ref: 6.4	Met
	Action taken as confirmed during the inspection: The inspector confirmed the regulation and records were available and up to date at the time of inspection.	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 18 Stated: Third time To be completed by: 30 September 2019	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. Ref: 6.7	Met
	Action taken as confirmed during the inspection: The inspector confirmed a number of policies had been ratified. A notification from the WHSCT relevant department confirmed that all ratifications had been completed.	

5.2 Inspection findings

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

The day care settings provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Champions Position report was not available for review; however the manager is to discuss this with relevant HSC Trust individuals.

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. Staff could describe the process for reporting concerns.

It was noted that staff are required to complete adult safeguarding training during their induction programme and annual updates thereafter. All records reviewed were in place.

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 agency's policy and procedure with regard to whistleblowing.

The day care setting has a system for records of referrals made to the WHSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that no adult safeguarding referrals have been made since the last inspection.

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

There was a system 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.

All staff had completed DoLS training appropriate to their job roles. Records reviewed clarified training. Discussion with staff clarified their knowledge of the subject.

Staff demonstrated that they have an 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.

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

5.2.2 Are their robust systems in place for staff recruitment?

The review of the day care settings staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and direct engagement with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards.

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. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service user's relatives and staff. The reports included details of the review of service user care records, accident/incidents; safeguarding matters, complaints, training, and staffing arrangements.

We noted some of the comments made by service users, staff, relatives and HSC Trust staff during the monthly quality monitoring:

Service users:

- "I would come every day if I could."
- "Staff are doing a great job keeping us safe and happy."
- "Relived life is returning to normal."

Staff:

- "Good PPE guidance."
- "Good job satisfaction."
- "Happy with current guidance."

Relatives:

- "The staff really do know how to speak to people with Dementia."
- "Service users feel safe in the centre."
- "The staff are good at getting **** out in the bus."

HSC Trust Staff:

- "Good to see the centre open again."
- "The service is important and the staff are great."
- "Staff are helpful and accommodating in their approach."

It was positive to note that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

It was good to note that all service users had received an annual care review. We have noted some of their comments that reflect their thoughts about the quality of care provided:

- "I'm happy to be back at the centre."
- "I enjoy the centre."
- "I love coming to the centre, it can get lonely."
- "I enjoy all the activities."
- "It was lonely during lockdown, good to be back."

There is a process for recording complaints in accordance with the day care settings policy and procedures. It was noted that no complaints had been received since the last inspection. This was supported during the inspector discussions with service users

The manager confirmed that the centre had received specific recommendations from the Speech and Language Therapist (SALT) in relation to service user's dysphagia needs to ensure the care received in the service was safe and effective.

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

It was established during discussions with the manager that the centre had not been involved in any Serious Adverse Incidents (SAI's)/Significant Event Analysis's (SEA's) or Early Alert's (EA's).

We reviewed the annual provider report. The report evidenced that the registered person is meeting their statutory responsibility to regularly monitor and improve the quality of their service in ways that matter to the people using it. (Regulation 17)

6.0 Conclusion

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

7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Amanda Robinson, manager, as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)