

Inspection Report

23 May 2022



Drumhaw Day Centre

Type of service: Day Care Setting
Address Drumhaw Park, Lisnaskea, BT92 0FT
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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: Mrs Amanda Robinson
Responsible Individual: Mr Neil Mc Guickan	Date registered: 11 October 2011
Person in charge at the time of inspection: Senior Day care Worker	
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 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 (WHST).	

2.0 Inspection summary

An unannounced inspection was undertaken on the 23 May 2022 between 09.15 a.m. and 12.00 a.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 Safeguarding DoLS, Restrictive practices, Service user involvement, Dysphagia and Covid-19 guidance was also reviewed.

It was positive to note that service users benefited from a well led service. There was a clear leadership and management structure in place which helped to ensure staff were clear about their role and responsibilities. The service was well organised and had a range of systems in place to ensure its operation and to support good communication.

Good practice was identified in relation to service user involvement. Staff we spoke with demonstrated good caring values and a desire to provide service users with quality, personalised care. Staff were familiar with the choices and preferences of individual service users and strove to deliver on these.

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 and staff on how they could provide feedback on the quality of services. This included questionnaires and an electronic staff survey.

4.0 What people told 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. Individual care plans described the support required for each person and detailed their personal choices and preferred routines. Staff said care plans were clear and updated if people's needs changed.

Comments received included:

Service users' comments:

- "Staff are excellent."
- "It's good to be back."
- "Good activities."
- "Excellent food."
- "They treat me very well."

Staff comments:

- "Excellent induction."
- "Good manager we have an open door policy."
- "NISCC website is good for training and updates."
- "Communicating with service users is important."
- "I have been made feel very welcome here."
- "Good training and support via supervision."
- "We provide a person centred care and support environment."

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

No staff responded 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 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 person in charge 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.

The day care setting retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that no concerns had been received 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.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving/lifting, this was included within the day care setting's mandatory training programme. A review of records

confirmed that where the day care setting was unable to provide training in the use of specialised equipment, this was identified by the setting before care delivery commenced and training was requested from the HSC Trust.

The person in charge reported that none of the service users currently required the use of

specialised equipment.

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. Service users were involved in providing their feedback through regular reviews. This helped to ensure people's preferences and views were known and respected.

We noted some of the comments received during annual reviews:

- "I enjoy the day centre."
- "I'm glad to be back."
- "I look forward to coming to the centre."
- "I like it here and the chat."
- "Good interaction."
- "I will continue coming to the centre."

All staff had been provided with training in relation to medicines management and the person in charge discussed the review of medication training in relation to on-line training. The person in charge advised that no service users required their medicine to be administered with a syringe. The person in charge was aware that should this be required, a competency assessment would have to be completed before staff could safely undertake 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).

It was positive to note that service users were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the setting supported this practice. Service users had the support of a team of staff who was suitably skilled and experienced to meet their assessed needs.

Staff had completed appropriate Deprivation of Liberty Safeguards DoLS training raining appropriate to their job roles. The person in charge reported that none of the service users were subject to DoLS arrangements.

Records examined identified that a number of safety checks and audits had been undertaken including fire alarm tests. It was noted that the last full evacuation drill was undertaken in August 2021. Fire risk assessments for the centre were available for the inspection and had been completed in 2021. Staff fire training was completed the 25 February 2021. Fire exits were observed to be clear of clutter and obstruction.

5.2.2 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 were kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur. We found an effective quality assurance survey took place regularly and we reviewed the results and outcomes that were satisfactory. The service delivered had also been regularly reviewed through a range of internal and external audits. The setting regularly sought a range of feedback from service users, which was consistently positive. 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 care setting and any activities they would like to become involved in. Some matters discussed included:

- Covid -19
- Activities
- Transport
- Meals
- Closures
- Dysphagia
- Quality services

The day care setting had completed an annual review in relation to their practice which incorporated service user and their representatives' feedback (Regulation 17). This was disseminated to all of the service users, in a format which best met their communication needs. This helped empower service users to influence and actively engage in the decision making process.

The day care setting had completed a quality survey with service users and sought feedback on a number of areas including:

- Rate your length of day
- Travel
- Personal care
- Activities
- Meals
- Staff rating
- Changes

We noted some of the comments received:

- "I am very happy with the service and care I get."
- "I wouldn't mind them getting a new building. Also would like to use the Dining Room again and be able to go on day trips."
- "I am happy with the way it is. It's a good service."
- "I am happy with everything."
- "I am very happy with the Day Centre."
- "I am delighted to be back and am happy enough with everything."
- "I would like to play Bowls and have outings to different places."
- "I feel very happy at the Centre. The staff are so good."
- "I am very happy here but social distancing can be annoying."

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 small number of service users was 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. Swallowing awareness was also completed by staff during First-Aid training. Staff implemented the specific recommendations of 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 we also noted documentation in place in the food preparation area.

5.2.4 Are there are robust systems in place for staff recruitment?

A review of the day care setting's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (Access NI), 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) or any other relevant regulatory body.

There was a 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 Is there an induction for staff in accordance with NISCC Induction Standards?

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.

There was a robust, structured, three day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the day care setting of the person's capability and competency in relation to their job role.

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 had maintained a record for each member of staff of all training, including induction and professional development activities undertaken. The records included the names and signatures of those attending the training event, the date(s) of the training and the content of the training programme. Staff were supported by a system of induction, training and supervision to ensure they were effective in their role.

All NISCC registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning.

5.2.6 Are there robust governance processes in place?

There were monthly monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's quality monitoring 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; safeguarding matters; staff recruitment and training, and staffing arrangements. We noted some of the comments received during quality monitoring:

Service users:

- "I love the centre."
- "The staff are brilliant."
- "The staff know what I like."

Staff:

- "My training is up to date."
- "I'm well supported by the manager."
- "I'm happy in my role."

Relatives:

- "I'm happy with the care and support."
- "My ***** loves chatting and meeting people."
- "They understand how to speak with people with Dementia."

HSC Staff:

- "Excellent working relationship with staff."
- "Staff provide a good safe environment."
- "Good reassurance and recorded risks."

The Annual Quality Report was reviewed and was satisfactory. The report included a commentary and feedback on the experiences of people using and working in the setting.

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 system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. No complaints had been received since the last inspection.

6.0 Conclusion

RQIA was satisfied that this day care setting was providing services in a safe, effective, caring and compassionate manner and the service was well led by the manager / management team.

7.0 Quality Improvement Plan/Areas for Improvement

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



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