

Inspection Report

Name of Service: Drumhaw Day Centre

Provider: Western Health and Social Care Trust

Date of Inspection: 3 December 2024

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 and Social Care Trust
Responsible Individual/Responsible Person:	Mr Neil Guckian
Registered Manager:	Mrs Heather Bothwell
Service Profile 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 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 unannounced inspection took place on 3 December 2024, between 10.10 a.m. and 3.10 p.m. by a care Inspector.

The inspection was undertaken to evidence how the day care setting is performing in relation to the regulations and standards; and to determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to service users attending the day care setting and that the service was well led. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the day care setting, specifically in relation to the recruitment practices, staff roster, recording of staff and service users meeting minutes and complaints management.

It was evident that staff promoted the dignity and well-being of service users and that staff were knowledgeable and well trained to deliver safe and effective care.

Service users said that they enjoyed coming to the day care setting. Refer to Section 3.2 for more details.

We wish to thank the manager, staff and service users for their support and cooperation during the inspection.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the day care setting was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this day care setting. This included registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

Throughout the inspection process inspectors will seek the views of those attending and working within the day care setting; and review/examine a sample of records to evidence how the day care setting is performing in relation to the regulations and standards.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic staff survey.

3.2 What people told us about the service

We spoke to a number of service users and staff to seek their views of attending and working within the day care setting.

Service users spoke positively about their experience of attending the day care setting; they said they enjoyed attending the day care setting and that the staff were brilliant. Two comments included the following statements; "This is a fantastic place to come" and "I really enjoy coming and the staff are so welcoming". Observations of staff interacting with service users was noted to be person centred and caring.

Staff spoke very positively in regard to the care delivery in the day care setting. One told us that they loved working in the day care setting and that service users were safe and well looked after. Staff indicated that they were very well supported by the manager and that the training provided was good.

The information provided indicated that those we spoke with did not have any concerns in relation to the day care setting.

We did not receive any responses from the questionnaires or staff electronic survey.

3.3 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 6 April 2023 by a care inspector. No areas for improvement were identified.

3.4 Inspection findings

3.4.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users.

A review of the day care setting's staff recruitment records indicated that an Enhanced AccessNI pre-employment check had not been satisfactorily completed before an identified ancillary staff member had commenced employment. It was explained that this was due to the Trusts' policy and procedure in relation to the employment of Trust ancillary staff. This was discussed with the manager, who took immediate action to address the matter. An area for improvement has been identified.

There was evidence that all newly appointed staff had completed a structured orientation and induction which also included shadowing of a more experienced staff member.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken. The review of training records evidence that staff had completed appropriate training to meet the needs of the service users.

There was evidence of effective systems in place to manage staffing. Sufficient staff were on duty to support the service users. Staff said there was good teamwork and that they felt well supported in their role by the manager. Staff said that there were enough staff to meet the needs of the service users. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. It was evident that staff had a good understanding of the needs, likes and dislikes of individual service users.

The facility support worker's hours of work were not recorded on the staff roster. An area for improvement has been identified.

Staff meetings were facilitated on a regular basis and a record of the matters discussed was retained. Review of minutes identified that evidence was not consistently maintained of actions taken to address matters raised and time frames for completion. An area for improvement has been identified.

Staff meet daily to discuss the plan for the day and to discuss the needs of the service users.

Observation of the delivery of care and support evidenced that service users' needs were met in a safe, effective and compassionate manner. There was a relaxed and welcoming atmosphere in the day care setting.

3.4.2 Care Delivery

Staff interactions with service users were observed to be polite, friendly, warm and supportive and the atmosphere was calm, relaxed, pleasant and friendly. Staff were knowledgeable of individual service users' needs, their daily routine, wishes and preferences.

Staff were also observed offering service users support to engage in the activities they choose to participate in. Service users were observed to be enjoying Christmas arts and crafts and staff supported them to actively engage in this activity.

Service users were afforded privacy when being assisted to use the bathroom facilities.

Service users had good access to food and fluids throughout their day. The dining room was observed to be clean and warm. Service users were safely positioned for their meals and the mealtimes were observed to be well organised and supervised. Staff communicated well to ensure that every service user received their meals in accordance with their assessed needs; it was positive to note that one staff member is responsible for checking all meals before they are provided to service users. Food provided was observed to be well presented and service users were offered a choice.

The day care setting had service user meetings on a quarterly basis which enabled the service users to discuss what they wanted to achieve from attending the day care setting and any activities they would like to become involved in. Review of minutes identified that evidence was not consistently maintained of actions taken to address matters raised by service users. An area for improvement has been identified.

An activities planner was displayed in the communal area; there was evidence of a well-structured plan with a wide range of activities available. Service users choose what activities they wish to participate in. Activities included arts and crafts, chair exercises, music, knitting/crochet and relaxation sessions.

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.

3.4.3 Management of Care Records

Service users' needs were assessed when prior to and when they first attended the day care setting. Following this initial assessment, they were assessed again at regular intervals. Care plans were developed to direct staff on how to meet the service users' needs in a safe and effective manner. Care records were person centred, and regularly reviewed and updated to ensure they continued to meet the service users' needs.

Service users, where possible, were encouraged and supported to be involved in planning their own care and the details of care plans were shared with their relatives, as appropriate.

3.4.4 Quality and Management of the Environment

The day care setting was observed to be clean and tidy, suitably furnished, warm and comfortable and free of clutter.

There was evidence that fire safety checks had been completed as required. Staff had completed training in regard to fire safety and had participated in a fire evacuation drill. Throughout the inspection fire doors were observed to be unobstructed.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment.

Hazardous substances were noted to be stored appropriately in accordance with Control of Substances Hazardous to Health (COSHH) guidance.

3.4.5 Quality of Management Systems

There has been no change in the management of the day care setting since the last inspection. Staff commented positively about the manager and described them as knowledgeable, supportive, approachable and always available to provide guidance.

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 monthly quality monitoring established that there was engagement with service users, service users' relatives, staff and Trust representatives. The reports included details of a review of service user care records; accident/incidents; complaints; safeguarding matters; and staffing arrangements including training.

Discussion with the manager and a review of records identified that incidents had been managed appropriately. RQIA had been notified of any incidents that are required to be reported in keeping with the regulations.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedures.

The day care setting's provision for the welfare, care and protection of service users was reviewed. There was a procedure in place for staff to report concerns.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding and the process for reporting and managing adult safeguarding concerns.

Staff had a good understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns. Staff could describe their role in relation to reporting poor practice.

All staff had been provided with training in relation to medicines management; none of the service users require their medication to be administered.

There was a system in place for managing instances where a service user did not attend the day care setting as planned. This included a system for signing in and out the service users who attend. There was clear guidance for staff should they be unable to gain access to the home of a service user to collect them for the day centre.

There was a system in place whereby staff check the vehicle after each journey to ensure that no service users remained on the transport. A record is retained and reviewed by the manager.

The day care setting's registration certificate was displayed appropriately.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was a system in place for professional registrations to be monitored by the manager on a monthly basis. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

Staff told us that they would have no issue in raising any concerns regarding service users' safety, care practices or the environment and that they were confident that the manager or person in charge would address their concerns.

Review of two complaint records identified that these complaints were not managed in line with Regulation 24 of The Day Care Setting Regulations (Northern Ireland) 2007. Details of a full investigation and outcomes were not maintained. An area for improvement has been identified.

The Annual Quality Report was reviewed and was satisfactory; it included the views of service users and other key stakeholders.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	2	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Heather Bothwell, 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 21 (1)(b) (2)(b) (3)(d) Stated: First time To be completed by: Immediate and ongoing from date of inspection	The Registered Person shall ensure that AccessNI pre-employment checks are satisfactorily carried out for all staff before they commence employment. Ref: 3.4.1
	Response by registered person detailing the actions taken: The ancillary staff member has had an enhanced Access NI check completed on 16.12.2024. I have requested via the management in Support Services, that in future all ancillary staff working within Drumhew Day Centre will have had an enhanced Access NI check prior to commencing employment in the Centre.
Area for improvement 2 Ref: Regulation 24 (1)(3)(4) Stated: First time To be completed by: Immediate and ongoing from date of inspection	The Registered Person shall ensure that every complaint made under the complaints procedure is fully investigated and shall maintain a record of each complaint, including details of the investigations made, the outcome and any action taken in consequence and the requirements of regulation 19 (1) shall apply to that record. Ref: 3.4.5
	Response by registered person detailing the actions taken: As discussed during the inspection, I will ensure that in future there is a more indepth account following investigation of any informal complaint regarding the outcome with the service user involved. All complaints will be recorded on the appropriate form(s).
Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021	
Area for improvement 1 Ref: Standard 23.8 Stated: First time	The Registered Person shall ensure that the minutes of staff meetings clearly outline any actions agreed with responsibility for completion assigned and the time frame for completion set out. Ref: 3.4.1

<p>To be completed by: Immediate and ongoing from date of inspection</p>	<p>Response by registered person detailing the actions taken: As evidenced in the email sent on 05.12.24, following your inspection all the minutes of staff meetings now includes a table which clearly outlines who is responsible for completing any agreed actions and the time frame for completion set out.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 23.7</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from date of inspection</p>	<p>The Registered Person shall ensure that the staff duty roster clearly indicates the staff rostered on duty on a daily basis and the time that each shift commences and concludes.</p> <p>Ref: 3.4.1</p> <p>Response by registered person detailing the actions taken: As evidenced in the email sent on 05.12.24, the staff duty roster has been amended to include the ancillary staff on a daily basis and the time each shift commences and concludes.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from date of inspection</p>	<p>The Registered Person shall ensure a record is kept of the matters raised by service users and actions taken in response.</p> <p>Ref: 3.4.2</p> <p>Response by registered person detailing the actions taken: All the minutes of service user meetings now includes a table which clearly outlines who is responsible for completing any agreed actions and the time frame for completion set out.</p>

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