

# Inspection Report

4 July 2023



## Creggan Day Centre

Type of service: Day Care Setting  
Address: Fanad Drive, Derry, BT48 9QE  
Telephone number: 028 7126 9082

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Western Health and Social Care Trust (WHSCT)</p> <p><b>Responsible Individual:</b> Mr Neil Guckian</p>	<p><b>Registered Manager:</b> Mrs Fidelma Heaney</p> <p><b>Date registered:</b> 17 March 2022</p>
<p><b>Person in charge at the time of inspection:</b> Mrs Fidelma Heaney</p>	
<p><b>Brief description of the accommodation/how the service operates:</b></p> <p>Creggan Day Centre is a day care setting with up to 35 places that provides care and day time activities to service users with enduring mental health needs and service users living with dementia. The day care setting is open Monday to Friday and is managed by the WHSCT.</p>	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 4 July 2023 between 9.45 a.m. and 3 p.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 Safeguards (DoLS), service user involvement, restrictive practices and dysphagia management was also reviewed.

All service users spoken with indicated that they were very happy with the care and support provided by the staff. Comments received from service users, a relative and staff are included in the main body of the report.

No areas of improvement were identified during this inspection.

Evidence of good practice was found in relation to communication between service users and day care setting staff and other key stakeholders; staff training; and the management of dysphagia.

There was evidence identified throughout the inspection process that the day care setting promotes service users' human rights; this was evident in relation to the areas of consent, autonomy, decision making, confidentiality and service user involvement.

Based on the inspection findings RQIA were assured that compassionate care was being delivered in the day care setting and the manager had taken relevant action to ensure the delivery of safe, effective and well led care.

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

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

### 4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, staff members and a relative.

The information provided indicated that there were no concerns in relation to the day care setting.

Comments received included:

#### Service users' comments:

- "I come to the day centre two days a week and I love it here. The staff are brilliant; there are no words to express how good they are. I love all the activities we do, particularly the baking. I have made brownies recently."
- "A fantastic service and the staff are angels. I am given choice in all that I do here. The meals are lovely and you get a cup of tea when you come through the door. Great place."

- “I am happy coming here and this is a good place to come. I helped plant the window boxes and they turned out very well. Staff look after me well.”

#### **Service users’ relative’s comments:**

- “My mother attends the day centre and this is an excellent centre. Staff go above and beyond to ensure that everyone has a great day in the centre. Staff are very informative, professional and always kind. Fantastic activities provided including baking and my mother really enjoys all the activities provided. The day centre is always warm and clean.”

#### **Staff comments:**

- “I enjoy my role here. Activities are a big part of the centre. We have a monthly planning meeting with the service users to plan our activities for the next month. The meeting is very much service user led.”
- “Good training provided and I have completed all the mandatory training including DoLS Level 3.”
- “I am very well supported by the manager and the senior. We are encouraged to express our views and we are a great team. Good communication and any changes in care are always shared in a timely manner.”
- “Dysphagia is a priority in the centre. We have a safety pause in place and a meal monitor allocated at meal times.”

No staff or service users returned questionnaires prior to the issue of this report.

## **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 19 November 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 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.

Records viewed 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 day care setting had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

No concerns were raised with the manager under the whistleblowing policy.

The day care setting's governance arrangements for the management of accidents/incidents were reviewed. Review confirmed that an effective incident/accident reporting policy and system was in place. Staff are required to record any incidents and accidents in a centralised electronic record, which is then reviewed and audited by the manager and the WHSCT governance department. A review of a sample of accident/incident records evidenced that these were managed appropriately.

Discussion with the manager confirmed that there were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Staff consulted with on the day of inspection spoke positively about the training they receive and confirmed that they received sufficient training to enable them to fulfil the duties and responsibilities of their role and that training was of a good standard. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as infection prevention and control, first aid, fire safety and moving and handling. It was positive to note that the day care setting provided training in regard to safety intervention, information governance and complaints management.

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.

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 (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 MCA.

Staff had completed Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS. A resource folder was available for staff to reference.

The environment was observed during a tour of the day care setting and there was evidence of infection prevention and control measures in place such as Personal Protective Equipment (PPE) which was available for staff. Other infection prevention and control 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 care setting.

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 service users, visitors or staff.

The day care setting's fire safety precaution records were reviewed. Discussion with staff confirmed they were aware of the fire evacuation procedure. Fire exits were observed to be clear of clutter and obstruction. Review of fire drill records evidenced that a fire drill had been completed on 21 June 2023. An updated fire risk assessment was completed on 28 February 2023.

## **5.2.2 What are the arrangements for promoting service user involvement?**

From reviewing service users' care records and through discussions with service users and staff, it was positive to note that service users had an input into devising their own plan of care. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant.

It was also positive to note that the day care setting had service users' 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 activities, meals and transport arrangements.

Discussion with the staff and service users provided assurance that the staff had responded to service users' wishes, feelings, opinions and concerns with the aim of ensuring service users received an effective service.

Discussions between service users and staff were observed on the day of the inspection; staff encouraged service users to discuss their preferences and engaged with them in an effort to develop their cognitive, physical and social skills through discussion and activities.

The day care setting had completed an annual review in relation to their practice which incorporated service user and their representatives' feedback. The manager advised that this

report was disseminated to all of the service users, in a format which best met their communication needs.

### **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 service user was assessed by SALT with recommendations provided and 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.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the 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.

### **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.

A review of records confirmed all staff working in the day care setting were registered with NISCC. Information regarding registration details and renewal dates was 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?**

The manager confirmed that 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 was in place.



### **5.2.6 What are the arrangements to ensure robust managerial oversight and governance?**

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the day care setting's quality monitoring established that there was engagement with service users, service users' relatives and staff. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

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

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 settings policy and procedure. Records reviewed and discussion with the manager indicated that no complaints had been made since last inspection. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

Discussions with staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included the availability of continuous update training alongside supervision/appraisal processes, an open door policy for discussions with the management team and observation of staff practice. Staff stated that there was effective teamwork and each staff member knew their role, function and responsibilities.

It was positive to note that the staff team recently received highly commended in the WHSCT Working Together Team Award.

### **6.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Fidelma Heaney, Registered Manager, and the Senior Day Care Worker, as part of the inspection process and can be found in the main body of the report.





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