

Inspection Report

22 July 2024



Dromore Day Centre

Type of service: Day Care Setting
Address: 34-36 St. Dympna's Road, Dromore, BT78 3JQ
Telephone number: 02882898914

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Western Health and Social Care Trust (WHSCT)</p> <p>Responsible Individual: Mr Neil Guickan</p>	<p>Registered Manager: Ms Kyra Crawford</p> <p>Date registered: 13 June 2023</p>
<p>Person in charge at the time of inspection: Ms Kyra Crawford</p>	
<p>Brief description of the accommodation/how the service operates:</p> <p>Dromore Day Centre is a day care setting that is registered to provide care and day time activities for service users over the age of 65, who may be frail and/or, living with dementia or a physical disability. The day care setting is open Monday and Thursday and is managed by the WHSCT.</p>	

2.0 Inspection summary

An unannounced inspection was undertaken on 22 July 2024 between 9.00 a.m. and 1.00 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency'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.

No areas for improvement were identified.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements 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.

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 survey.

4.0 What did people tell 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.

Comments received included:

Service users' comments:

- "This is the best day of my week, because I come here."
- "This is the best place anyone could go to."
- "The staff are all wonderful."
- "There is lots to do here, but I love the fun and craic."
- "The food is lovely."

Staff comments:

- "I have no concerns about the service users."
- "I know how to raise any concerns."
- "My training is up to date."
- "I feel supported in my role."

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included:

- "Everything is very good."
- "Very happy and lovely helpful staff."

There were no responses 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 10 August 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was reviewed by the care inspector during this inspection.

Areas for improvement from the last inspection on 10 August 2023		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 20(1)(c) Stated: First time To be completed by: Immediately from the date of inspection	The registered person shall ensure that persons employed to work in the day care setting receive mandatory training and other training appropriate to the work they are to perform. This relates specifically to the maintenance of the training matrix and the inaccurate staff list. Ref: 5.2.1	Met
	Action taken as confirmed during the inspection: A maintained training matrix was viewed on inspection.	
Area for improvement 2 Ref: Regulation 14 (2) Stated: First time To be completed by: Immediately from the date of inspection	The registered person shall make suitable arrangements to provide a safe system for the moving and handling of service users. This relates specifically to the absence of risk assessments and care plans for a service user who is hoisted in the service Ref: 5.2.1	Met
	Action taken as confirmed during the inspection: Risk assessment and care plans in place for service users.	

<p>Area for improvement 3</p> <p>Ref: Regulation 16 (1)(2)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The responsible person shall ensure that the service user's plan is kept under review. This relates specifically to overdue care reviews that had no evidence that a care review had been arranged.</p> <p>Ref: 5.2.1</p> <p>Action taken as confirmed during the inspection: Care reviews found to be in date</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 19 (1)(a) schedule 4 (2), 13 (3)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The responsible person shall maintain care records, this relates specifically to deficits in relation to service users' care records, namely: service user photographs were wither absent or out of date; documents were not consistently signed by the service user and/or manager when needed; and service user dependency assessments were not reviewed on a consistent basis. Recording of the wishes and feelings of service users, level of support required were not consistently recorded.</p> <p>Ref: 5.2.1,</p> <p>Action taken as confirmed during the inspection: Up to date photographs in care files, service users likes, dislikes and level of support recorded.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The responsible person shall ensure that a written care plan is prepared. This relates specifically no care plan or risk assessment was available in relation to a SALT assessment for a service user.</p> <p>Ref: 5.2.3</p> <p>Action taken as confirmed during the inspection: Care plan and risk assessment in place in relation to Speech and Language.</p>	<p>Met</p>

Area for improvement 6 Ref: Regulation 14 (3) Stated: First time To be completed by: Immediately from the date of inspection	The responsible person shall make arrangements to prevent service users being harmed or suffering abuse or placed at risk of harm or abuse. This relates specifically to safeguarding training for transport workers. Ref: 5.2.1	Met
	Action taken as confirmed during the inspection: Safeguarding training completed for all transport drivers.	

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).

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.

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.

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, this was included within the day care setting's mandatory training programme.

A review of care records identified that moving and handling risk assessments and care plans were up to date.

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 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 had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS.

5.2.2 What are the arrangements for promoting 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 are kept under regular review.

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 centre and any activities they would like to become involved in.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A number of service users were 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.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the day care setting's staff recruitment records confirmed that no new staff were recruited since the previous inspection.

5.2.5 What are the arrangements to ensure robust managerial oversight and governance?

There were monthly monitoring arrangements in place. 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 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.

The Annual Quality Report was reviewed and was satisfactory.

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

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. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the day care setting's monthly quality monitoring process.

It was discussed with the manager the need for transport staff or an identified person to check the vehicle at the end of each journey to ensure that no service users remained on the transport. The manager welcomed this advice and immediately implemented a system to record these checks.

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 Ms Kyra Crawford, Registered Manager, as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)