

Inspection Report

10 August 2023



Dromore Day Centre

Type of service: Day Care Setting
Address: 34-36 St. Dympna's Road, Dromore, BT78 3JQ
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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 Health and Social Care Trust (WHSCT)	Registered Manager: Ms Kyra Crawford
Responsible Individual: Mr Neil Guickan	Date registered: 13 June 2023
Person in charge at the time of inspection: Ms Kyra Crawford	
Brief description of the accommodation/how the service operates: 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.	

2.0 Inspection summary

An unannounced inspection was undertaken on 10 August 2023 between 9.15 a.m. and 2.40 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.

Areas for improvement were identified in relation to: adult safeguarding arrangements; service user care records; nutritional care; mobility related care records; service user reviews and staff training.

Good practice was identified in relation to Quality Monitoring reports.

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 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 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 they had no concerns in relation to the day care setting.

Comments received included:

Service users' comments:

- "I love coming here, its great craic."
- "The food is great."
- "I have no complaints."
- "The staff are very good."

Staff comments:

- "I have no concerns about the service."
- "There is a good level of care for the service users - they are well looked after."
- "Happy to raise any concerns."
- "Aware of swallowing difficulties."
- "The service users have missed out on activities due to the service being short staffed during the summer, this could have been prevented."

Health and Social Care Trust representatives' comments:

- "My clients love it here; it is a lifeline."
- "The staff are excellent."
- "The staff are all good and kind to the service users, going beyond their duty of care."

- “There is good communication from the staff.”

Returned questionnaires from service users indicated that the respondents were satisfied with the care and support provided. Comments included:

- “Staff very kindly took us shopping on one occasion and on two occasions they took us to Castle Archdale which we enjoyed very much.

There were no responses to the electronic staff 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 12 September 2022 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 ‘Adult Safeguarding Prevention and Protection in Partnership’ (July 2015) policy 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. Safeguarding training had not been completed by transport drivers. An area for improvement has been identified in relation to this finding. 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.

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.

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 not up to date for an identified service user who required the use of specialised mobility equipment. While it was noted that an internal audit had identified this issue, the matter remained unaddressed. An area for improvement was made.

It was also noted that care reviews had not been consistently undertaken in keeping with the day care setting's policies and procedures. An area for improvement was made.

Some further deficits in relation to service users' care records were also noted, 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. An area for improvement was made.

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 training matrix was reviewed and it was noted that it did not accurately reflect all training undertaken by staff; it also evidenced that identified staff were overdue some aspects of mandatory training. It was also noted that staff lists within the service which assist the manager with having effective oversight of all staff working within the service was inaccurate. These shortfalls were discussed with the manager and an area for improvement was made.

The Mental Capacity Act (MCA) (2016) 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 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. A resource folder was available for staff to reference.

5.2.2 What are the arrangements for promoting service user involvement?

Discussion with service users and feedback received from other stakeholders during and following the inspection evidenced effective and meaningful engagement by staff with service users. However, it was noted that service user care plans required improvement in regard to being insufficiently person centred and inconsistently detailing what level of support service users require and/or what their and likes / dislikes are. This was discussed with the manager who agreed that such improvements were needed; the manager was confident that this deficit would be addressed once an anticipated increase in staffing levels occurred within the service; staffing levels are discussed further in Section 5.2.6. The person centred quality of care records will be reviewed at a future inspection.

It was 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.

The day care setting was compiling an annual review in relation to their practice which should incorporate feedback from service users and their representatives. This will be reviewed at a future inspection.

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.

While observation of and discussion with staff evidenced that they were familiar with the dietary needs of service users, a review of a sample of service users' care records highlighted that they did not all reflect multi-disciplinary input in regard to nutritional care and that SALT recommendations were inconsistently contained within the service user's risk assessments. An area for improvement was made.

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

A review of staff recruitment records confirmed that no new staff were recruited since the last inspection. No agency workers have been working in the day centre. 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.

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

Discussion with the manager confirmed that staffing levels within the service had been reduced due to previously approved staff absences during Summer 2023. The manager stated that this dilution in staffing levels had adversely impacted her ability to undertake some managerial tasks. The manager confirmed that staffing levels were anticipated to return to normal in September 2023 with the return of some team members. The need to ensure that staffing levels are maintained so as to ensure the quality of managerial oversight and ongoing governance arrangements was stressed.

There were monthly monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of available monthly quality monitoring reports 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.

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. No complaints were received since the last inspection.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	6	0

The areas for improvement and details of the QIP were discussed with Ms Kyra Crawford, Registered Manager and Ms Jane White, Head of Care and Accommodation, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 20(1)(c)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>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.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The training matrix is fully updated and all staff training ongoing. All staff have been reminded of the importance of maintaining their training, the Manager will monitor the training matrix monthly and review with staff as required and formally at supervision, the Head of Service will review the training matrix during provider visits .</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>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</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Moving and handling assessment completed by Occupational Therapist and documented in Service Users' rRsk Assessment and Care Plan, care staff have been made aware of changes.</p>
<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>Response by registered person detailing the actions taken:</p> <p>A Community Social Worker has been appointed to the Service User and a date for the review has been arranged.</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>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>Response by registered person detailing the actions taken: New photographs have been taken and placed into each file. File audit completed by Manager, review and signatures updated where required. Service User dependency assessments being developed specifically for Day Care.</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>Area for improvement 6</p> <p>Ref: Regulation 14 (3)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>Response by registered person detailing the actions taken: Manager has update of SPeech & Language Therapy recommendations and also documented in Risk Assessment and Care Plan</p> <p>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.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Easylink has been contacted to organise safeguarding training, Head of Service made aware and Easylink Manager will forward date of training and bus drivers names when completed.</p>

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