

Inspection Report

5 October 2021



Edenderry Dementia Day Care

Type of service: Day Care Setting
Address: 18 Gilford Road, Portadown, BT63 5ED
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Southern Health and Social Care Trust (SHSCT)	Registered Manager: Mrs Lucia Donnelly (Acting)
Responsible Individual: Mr Shane Devlin	Date registered: Not required
Person in charge at the time of inspection: Manager	
Brief description of the accommodation/how the service operates: This is a Day Care Setting with 20 places that provides care and day time activities for people with dementia. The day care setting is open Monday to Friday and is managed by the SHSCT.	

2.0 Inspection summary

An announced care inspection took place on 5 October 2021 from 10.00 am to 4.35 pm by two care inspectors.

This inspection focused on staff registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring and Covid-19 guidance.

Six areas requiring improvement were identified in relation to the service's fire risk assessment, the weekly testing of the fire alarm system, the management of service users' monies, the staff duty roster, quality monitoring visits and the safe storage of creams and hand sanitiser products.

Good practice was identified in relation to staff training and the monitoring of care staffs' registrations with the NISCC. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff.

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

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.

Prior to inspection we reviewed the information held by RQIA in relation to the day care setting. This included the previous inspection report and quality improvement plan (QIP) and any written and verbal communication received since the previous care inspection.

During our inspection we focused on speaking with the service users and staff to find out their views on the service.

The inspection also focused on reviewing a range of relevant documents, policies and procedures relating to the day care setting's governance and management arrangements. This included checking how care staffs' registrations with the NISCC were monitored.

We discussed any complaints and incidents during the inspection with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of services in the day care setting. This included service user/relative questionnaires and a staff poster. Five service user/relatives' questionnaires and one staff questionnaire were returned. Examples of the respondents' comments are included in the main body of the report.

One area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the manager and a senior day care worker at the conclusion of the inspection.

4.0 What people told us about the service

The information provided by service users during the inspection indicated that there were no concerns in relation to the day care setting. All confirmed that they were very satisfied with the standard of care and support provided. We spoke with two service users and four staff including the manager.

Comments received during the inspection process included:**Service users' comments:**

- "They are good to me here."
- "I am happy here; we are talking about days gone by."
- "I like coming here."
- "Lovely place; all good."

Staff comments:

- "Lots of PPE available to staff."
- "Excellent training afforded to all staff including dementia training."
- "I feel safe in the centre. Very good measures in place regarding Covid-19 including social distancing, extra cleaning, use of PPE and donning and doffing stations."
- "Management very supportive and approachable."
- "I have regular supervision and an appraisal every year."
- "I have undertaken dysphagia awareness training and I am aware of the international dysphagia diet standardisation initiative (IDDSI) guidelines."

Five service users/relatives' questionnaires and one staff questionnaire were returned. All respondents indicated that they were very satisfied that care was safe, effective, compassionate and well led.

Comments received included:

- "Edenderry Dementia care staff are excellent in their job."
- "My mum has been very well cared for and the staff help in any way that they can. I cannot speak highly enough of this service."
- "I enjoy working with my team and all our service users. Everyone is kept safe in our centre and cared for with a person centred approach. All our service users' needs are met and cared for with dignity and respect."

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 inspection to Edenderry Dementia Day Care was undertaken on 29 January 2020 by a care inspector; one area for improvement was identified. A QIP was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 29 January 2020		
Action required to ensure compliance with The Day Care Settings Minimum Standards 2012		Validation of compliance
Area for improvement 1 Ref: Standard 20.2 Stated: First time To be completed by: 31 March 2020	<p>The registered person shall ensure that the day care setting maintains evidence of photographic identification and the date of the Access N.I. check and the Access N.I. reference number prior to a staff member commencing duty.</p> <p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of one staff recruitment file evidenced that this area for improvement had been satisfactorily addressed. It was positive to note that a recruitment checklist, in line with the regulations, had been developed following the last inspection.</p>	Met

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 demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could 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 had a system for retaining a record of referrals made to the relevant Health and Social Care Trust in relation to adult safeguarding matters.

Records viewed and discussions with the manager indicated that no referrals had been made with regard to adult safeguarding since the last inspection. Adult safeguarding matters were reviewed as part of the quality monitoring process.

All incidents and accidents were recorded on an electronic system which are reviewed and audited by the manager, to ensure follow up of any outstanding actions, and the SHSCT governance department. There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Staff were provided with training appropriate to the requirements of their roles. This included DoLS training. Staff had an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. Examination of service users' care records did not evidence the appropriate documentation regarding DoLS. We discussed this with the manager, who agreed to follow up in this regard. This will be reviewed at the next inspection to the service.

The manager advised that staff manage monies on behalf of a small number of service users. These monies were used for the payment of service users' lunch meals in the day care setting.

Review of records evidenced that receipts were not provided to service users' for monies lodged nor indeed were two signatures provided for monies lodged or withdrawn from service users' accounts. The manager must ensure that a record of, and receipts for all transactions undertaken by staff must be recorded and two signatures provided. In addition a robust financial auditing process must be developed and implemented. An area for improvement was made in this regard.

The day centre's fire safety precaution records were reviewed. Review of the fire alarm test records identified a number of omissions in regard to the weekly fire alarm tests. An area for improvement was made in this regard. Fire exits were observed to be clear of clutter and obstruction.

An updated fire risk assessment was completed in June 2020. Review of the fire risk assessment confirmed that a number of significant findings had not been addressed within the specified timeframe. An area for improvement was made in this regard.

During a review of the environment it was noted that there was a number of areas which service users could potentially have access to creams and hand sanitiser products. This was discussed with the manager and it was stressed that the internal environment of the day care setting must be managed to ensure Control of Substances Hazardous to Health (COSHH) regulations are adhered to at all times. The identified substances were secured by the manager prior to the conclusion of the inspection. An area for improvement was made in this regard.

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. There were numerous laminated posters displayed throughout the day care setting to remind staff of good hand washing procedures and the correct method for donning (putting on) and doffing (taking off) PPE.

Discussion with the manager and staff identified that they had a good understanding of the procedure to follow in the event of service users or staff being diagnosed with Covid-19. We discussed the provision of mandatory training specific to infection prevention and control (IPC) measures with staff. Staff confirmed that they had undertaken IPC training and that the training provided them with the necessary skills and knowledge to care for and support service users. A review of staff training records confirmed that staff had received training in IPC and Covid-19 awareness including the donning and doffing of PPE. The manager confirmed that management were monitoring progress with overall mandatory training to ensure full compliance.

Staff described how they wore PPE for activities that brought them within two metres of service users. The staff members spoken with reported that there was an appropriate supply of PPE and sufficient bins available to allow the safe disposal of PPE.

There was a good system in place to share information relating to Covid-19 and IPC practices. Staff were observed adhering to guidance and were knowledgeable about IPC during discussions.

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

Discussions with staff and review of service user 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 day care staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff were also implementing the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

It was noted that one service user had been assessed by SALT in relation to dysphagia needs and specific recommendations made with regard to their individual needs in respect of food and fluids. Staff spoken with demonstrated a good knowledge of service users' wishes, preferences and assessed needs and how to modify food and fluids. It was positive to note all staff, including catering staff, had undertaken dysphagia awareness training.

5.2.3 Are there robust systems in place for staff recruitment?

The review of the day care settings staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and direct engagement with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

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; this system was reviewed and found to be in compliance with regulations and minimum standards. The manager confirmed that all staff were aware that they were not permitted to work if their professional registration was to lapse.

Discussion with staff confirmed that they were registered with NISCC. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Quality monitoring visits had been undertaken by a monitoring officer. A sample of reports viewed, from April 2021 to September 2021, provided evidence that the monitoring process included engagement with service users, service users' representatives and staff, also that the conduct of the day care setting was examined and that action plans for improvement were developed, if necessary.

A quality monitoring visit had not been undertaken in June 2021. An area for improvement was made in this regard.

Review of the staff duty roster identified that it was difficult to ascertain staff rostered on duty on a daily basis and the hours worked by care staff. The staff duty roster should explicitly specify the staff rostered on duty and the time each shift commences and concludes. An area for improvement was made in this regard.

There was a process for recording complaints in accordance with the day care setting's policy and procedures. The manager confirmed that no complaints were received since the date of the last inspection.

Discussions with staff confirmed that they knew how to receive and deal with complaints and ensure that the manager was made aware of any complaints.

Discussions with staff evidenced that they were knowledgeable regarding service users' individual needs. Staff also demonstrated awareness of the need for person-centred interventions which facilitate engagement with service users and promote effective communication and social engagement.

Discussions with the manager and staff described positive working relationships in which issues and concerns could be freely discussed; staff reported they were confident that they would be listened to. In addition, staff confirmed that they felt supported by management.

There was a system in place to ensure that staff received supervision and appraisal in accordance with the day care settings policies and procedures.

It was established during discussions with the manager that the day care setting had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).

6.0 Conclusion

Based on the inspection findings and discussions held with staff and service users, RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led.

Six areas requiring improvement were identified in relation to the service's fire risk assessment, the weekly testing of the fire alarm system, the management of service users' monies, the staff duty roster, quality monitoring visits and the safe storage of creams and hand sanitiser products.

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

7.0 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 and the Day Care Settings Minimum Standards, 2012.

	Regulations	Standards
Total number of Areas for Improvement	4	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Lucia Donnelly, Manager and a senior day care worker, 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 26 (4) (d) Stated: First time To be completed by: Immediate and ongoing from the date of inspection	<p>The registered person shall make adequate arrangements regarding the weekly testing of the fire alarm system to ensure compliance with BS5839.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken:</p> <p>The fire alarm testing will continue to be carried out by an identified responsible person in the building. A break glass point is activated in the Day Centre for testing on a weekly basis, in a different zone each on each occasion. A record of the fire alarm testing is retained in the centre. These arrangements ensure compliance with BS5839.</p>
Area for improvement 2 Ref: Regulation 26 (4) (a) Stated: First time To be completed by: On completion of QIP	<p>The registered person shall provide details of the action taken to address the significant findings highlighted in the fire risk assessment dated June 2020.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken:</p> <p>The Registered manager can confirm that the Trust Estates Dept have now undertaken all required Fire Safety Actions outlined in the FRA June 2020. This was confirmed by the Trust Lead Estates officer by email on 30 /11/2021. The FRA has been updated with all actions undertaken and has been submitted to Trust Fire Safety Team. A copy is retained in the day centre Fire Manual. Actions required by the Registered Manager in Section 1 of the Fire Action plan have now been put in place and these actions will be monitored weekly by the Registered manager.</p>
Area for improvement 3 Ref: Regulation 14 (1) (a) (c) Stated: First time To be completed by: Immediate and ongoing from the date of inspection	<p>The registered person shall that chemicals are stored in line with Control of Substances Hazardous to Health (COSHH) regulations.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken:</p> <p>The requirements in relation to COSHH have been re-enforced with all staff. All COSHH Training is currently up to date as per 3 yearly requirement. The Registered Manager can confirm that all chemicals and substances in the day centre are now stored in line with Control of Substances Hazardous to Health</p>

	(COSHH) regulations.
Area for improvement 4 Ref: Regulation 28 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	<p>The registered person must ensure that the monthly monitoring visits are in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.</p> <p>Ref: 5.2.4</p> <p>Response by registered person detailing the actions taken: The Registered Manager is aware that the monthly monitoring visits support and promote the delivery of quality care services. This is particularly important during the current Covid-19 pandemic. The RM has now set reminders in place with the person responsible for undertaking the monthly monitoring visits to ensure these are being completed in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.</p>
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 23.7 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	<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: 5.2.4</p> <p>Response by registered person detailing the actions taken: The duty roster has been developed to clearly identify the staff rostered on duty on a daily basis and this has been amended to now include the time that each shift commences and concludes.</p>
Area for improvement 2 Ref: Standard 11.5 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	<p>The registered person shall ensure that records of, and receipts for, all transactions undertaken by the staff on each service user's behalf are maintained. Where the service user is unable or chooses not to sign, two members of staff sign and date the record.</p> <p>A robust financial auditing process must be developed and implemented.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: This area of improvement has now been met with systems in place to ensure that records of, and receipts for, all transactions undertaken by staff on each service user's behalf are maintained are compliant with legislation. A Robust system is now in place</p>

	which ensures that records of receipts and transactions for all service users undertaken by staff are maintained - and this includes signatures of all parties and where a service user does not or cannot sign - 2 staff must sign this process ensures managerial oversight is maintained to ensure compliance with the required standard.
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