

Inspection Report

17 November 2022



Edenderry Dementia Day Care

Type of service: Day Care Setting
Address: 18 Gilford Road, Portadown, BT63 5ED
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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: Dr Maria O'Kane (Registration Pending)	Date registered: Not required
Person in charge at the time of inspection: Senior Day Care Worker	
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 unannounced inspection was undertaken on 17 November 2022 between 9.45 a.m. and 4 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, dysphagia management and Covid-19 guidance was also reviewed.

Areas for improvement identified related to restrictive practice, fire drills, the annual report, service users meetings and the management of service users' monies.

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

The inspector would like to thank the senior day care worker, service users, 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 an electronic survey for staff.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, a relative, a visiting professional 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 a good place to come."
- "Girls are very nice."
- "I like the dinner I get; I get lots to eat."

Service user's relative's comments:

- "This service is brilliant."
- "I could not tell you how amazing staff are here."
- "The staff are very caring, helpful and genuine."
- "The care and support is excellent."

Staff comments:

- “We get very good training; I’ve done DoLS and Dysphagia training.”
- “Good communication and we report all concerns and issues to the service users’ social workers.”
- “We try and involve service users the best we can in their care and support.”
- “I am aware of DoLS and MCA and we are awaiting assessments to be undertaken.”

HSC Trust representative’s comments

- “It is my view that this service is of a good standard.”
- “Staff are always willing to participate in care reviews.”
- “Staff always inform me of any changes in service users’ needs in a timely manner.”

A returned questionnaire indicated that the respondent was very satisfied with the care and support provided.

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 5 October 2021 by two care inspectors. A Quality Improvement Plan (QIP) was issued. This was approved by the aligned care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 5 October 2021		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 26 (4) (d) Stated: First time	The registered person shall make adequate arrangements regarding the weekly testing of the fire alarm system to ensure compliance with BS5839.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the senior day care worker confirmed that this area for improvement had been addressed. Review of the weekly testing of the fire alarm system record evidenced that this area for improvement had been addressed.	

<p>Area for Improvement 2</p> <p>Ref: Regulation 26 (4) (a)</p> <p>Stated: First time</p>	<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>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the senior day care worker confirmed that this area for improvement had been addressed. We reviewed the fire risk assessment and evidence was detailed of the action taken to address the significant findings.</p>	<p>Met</p>
<p>Area for Improvement 3</p> <p>Ref: Regulation 14 (1) (a) (c)</p> <p>Stated: First time</p>	<p>The registered person shall that chemicals are stored in line with Control of Substances Hazardous to Health (COSHH) regulations.</p> <p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the senior day care worker confirmed that this area for improvement had been addressed. We undertook a tour of the day care setting and evidenced that all chemicals were stored appropriately.</p>	<p>Met</p>
<p>Area for Improvement 4</p> <p>Ref: Regulation 28</p> <p>Stated: First time</p>	<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>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the senior day care worker confirmed that this area for improvement had been addressed. We reviewed monthly monitoring arrangements for the day care setting and these arrangements were found to be in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.</p>	<p>Met</p>

Action required to ensure compliance with the Day Care Settings Minimum Standards (revised), 2021		Validation of compliance
Area for Improvement 1 Ref: Standard 23.7 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the senior day care worker confirmed that this area for improvement had been addressed. We reviewed a sample of staff duty rosters and these were in line with Standard 23.7.	
Area for improvement 2 Ref: Standard 11.5 Stated: First time	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. A robust financial auditing process must be developed and implemented.	Partially Met
	Action taken as confirmed during the inspection: We reviewed records pertaining to the management of service users' monies. Whilst there was a significant improvement noted in regards to the completion of financial records a receipt for monies was not provided, at the point of receiving monies from service users' representatives nor was two signatures obtained. This area for improvement has not been fully addressed and has been stated for a second time in this report.	

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 senior day care worker 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. 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.

Records viewed and discussions with the senior day care worker 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.

A review of accident/incident records evidenced that no accidents/incidents had occurred since the last inspection.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The senior day care worker 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 senior day care worker advised that no service users required their medicine to be administered with a syringe. The senior day care worker 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 Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. We observed a number of matters that may be considered as restrictive.

Discussion with the senior day care worker confirmed that arrangements were not in place to ensure that service users who required high levels of supervision or monitoring and restriction have had their capacity considered and, where appropriate, assessed. An area for improvement has been made in this regard.

Discussion with staff during a walk around the setting evidenced awareness of the need for person centred interventions which facilitate engagement with service users and promote effective communication. They also identified service users whose independence and opportunities in the setting needed to be promoted and supported. Observations of care showed staff were vigilant in responding to nonverbal cues as well as verbal communications and interventions were proactive and timely.

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 an annual fire drill had not been completed; the last fire drill was undertaken on 10 June 2021. An area for improvement has been made in this regard.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records it was good to note that service users had an input into devising their own plan of care, where appropriate. 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 and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

Discussion with the senior day care worker confirmed that service user meetings were undertaken however, the last meeting was undertaken on 20 October 2021. We discussed that service users should be enabled to be involved in and given opportunities to influence the running of the service. This will require the establishment of forums or systems whereby service users can be consulted about and express their views. An area for improvement has been made in this regard.

The senior day care worker advised that the staff team were currently exploring innovative ways to obtain service users' views.

We discussed the annual report with the senior day care worker. An annual report had not been developed in line with Regulation 17 (1), Schedule 3 of the Day Care Setting Regulations (Northern Ireland) 2007. The senior day care worker was advised where guidance was available on the RQIA website and the matters that must be included in the report. An area for improvement has been made in this regard.

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.

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 the 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?

A review of the day care setting's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. 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. 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?

There was evidence that all newly appointed staff had completed 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. There was a robust, structured induction programme in place.

A review of the records pertaining to Regulation 20 of The Day Care Settings Regulations (Northern Ireland) 2007 and Standard 21 of The Day Care Settings Minimum Standards 2021 relating to staff also identified that they had been recruited, inducted and trained in line with the regulations.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by agencies.

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

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 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 (SAIs) or Significant Event Audits (SEAs) procedures.

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

A complaints and compliments record was maintained in the day care setting. Review of the complaints record evidenced that no complaints had been recorded since the previous care inspection.

Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the manager was made aware of any complaints. The complaints procedure was displayed in areas throughout the day care setting. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

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 and Day Care Settings Minimum Standards, (revised), 2021.

	Regulations	Standards
Total number of Areas for Improvement	3	2*

* the total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the QIP were discussed with the 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 14 (4) Stated: First time To be completed by: Immediate and ongoing from the date of inspection	<p>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The Registered Person has reviewed the DoLs(Deprivation of Liberty) Procedures with the Team to ensure that no service user is subject to restraint unless Restraint of the kind employed is the only practicable means of securing the welfare of that or any other Service User and there are exceptional circumstances.</p>
Area for improvement 2 Ref: Regulation 26 (4) (f) Stated: First time To be completed by: Immediate and ongoing from the date of inspection	<p>The registered person shall ensure, by means of fire drills and practices at suitable intervals, that the persons employed in the day care setting and, so far as practicable, service users, are aware of the procedure to be followed in case of fire, including the procedure for saving life.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: A Fire Drill was carried out in the Facility on the 18.11.2022.</p>
Area for improvement 3 Ref: Regulation 17 (1) (a) (b) Stated: First time To be completed by: 31 December 2022	<p>The registered person shall complete the annual report which is compliant with Schedule 3 of the Day Care Setting Regulations (Northern Ireland) 2007.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Annual Report was commenced immediately and completed by 07.12.2022.</p>
Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021	
Area for improvement 1 Ref: Standard 8.2 Stated: First time	<p>The registered person shall ensure service users are enabled to be involved in and given opportunities to influence the running of the service. This will require the establishment of forums or systems whereby service users can be consulted about and express their views.</p> <p>Ref: 5.2.2</p>

To be completed by: Immediate and ongoing from the date of inspection	Response by registered person detailing the actions taken: The Registered Person has implemented a system of holding Quarterly Consultation Meetings with all Service Users to ensure service users are enabled to be involved in and given opportunities to influence the running of the Service.
Area for improvement 2 Ref: Standard 11.5 Stated: Second time To be completed by: Immediate and ongoing from the date of inspection	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. Ref: 5.1
	Response by registered person detailing the actions taken: The Registered person has reviewed the Receipt of Monies Process within the Day Care Setting and all Staff have been Trained to ensure all records and transactions undertaken on the Service Users Behalf are maintained. Two Members of staff will sign and date the record where the Service User is unable to sign.

Please ensure this document is completed in full and returned via Web Portal



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