

Announced Care Inspection Report 2 February 2021



Age NI

Type of Service: Day Care Setting
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Inspector: Corrie Visser

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a day care setting with 10 places that provides care and day time activities for people living with dementia. The day care setting is open Monday, Tuesday and Wednesday. The service is commissioned by the Northern Health and Social Care Trust (NHSCT).

3.0 Service details

Organisation/Registered Provider: Northern Health and Social Care Trust Responsible Individual: Linda Robinson	Registered Manager: Mary Todd
Person in charge at the time of inspection: Mary Todd	Date manager registered: 28 January 2020

4.0 Inspection summary

Due to the coronavirus (Covid-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services. Since the inspection on 13 August 2018, RQIA have not completed a primary inspection due to the risks associated with the spread of Covid-19. Whilst RQIA was not aware that there was any specific risk to the service users a decision was made to undertake an on-site inspection adhering to social distancing guidance.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

An announced inspection took place on 2 February 2021 from 10.00 to 12.00 hours.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

The agency's provision for the welfare, care and protection of service users was reviewed. We viewed the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 which is maintained by the agency in relation to the safeguarding of adults.

On the day of the inspection it was noted that no incidents had taken place since the previous inspection on 13 August 2018.

The agency maintains and implements a policy relating to complaints. On the day of the inspection it was noted that the agency had not received any complaints since the last inspection.

We reviewed the dates that criminal records checks (AccessNI) had been completed to ensure that they were in place before staff had any direct engagement with service users. We checked that all staff were registered with the Northern Ireland Social Care Council (NISCC) and that there was a system in place for ongoing monitoring of staff registrations. Staff adherence to the Covid-19 guidance was also reviewed through discussion with them. This was also verified through discussion with the manager, service users and service users' representatives. We also reviewed the list of all Covid-related information, disseminated to staff and displayed throughout the day care setting.

Evidence of good practice was found in relation to recruitment practices, staff registrations with NISCC, policies and procedures and staff training. Good practice was also found in relation to all current Covid-19 guidance and the use of PPE guidelines, Covid-19 education and management including IPC measures.

No areas for improvement were identified during this inspection.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mary Todd, manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 13 August 2018

No further actions were required to be taken following the most recent inspection on 13 August 2018.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this day care service. This included the previous inspection report, the returned Quality Improvement Plan (QIP) and written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service users, their relatives and staff to find out their views on the service.

We ensured that the appropriate staff checks were in place before staff work with service users.

- Recruitment records specifically relating to Access NI and NISCC registration.

We also reviewed IPC procedures to ensure that staff were compliant with the current Covid-19 guidance for day care settings in Northern Ireland.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included service user/relative questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA. Two service user/relative questionnaires were received; analysis and comments are included in the report.

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

6.0 What people told us about this day care setting

The information received shows that people were satisfied with the current care and support. During the inspection we spoke with the manager and one care worker. All those spoken with confirmed that staff wore PPE as necessary.

We also spoke with two service users and one service user's representative who indicated that they were very happy with the care and support provided by the day care setting. Comments are detailed below:

Staff

- "I love coming here."
- "We work well together and bounce off each other."
- "We have good craic."
- "The manager is supportive."
- "I got good guidance through the pandemic."
- "When we were closed, I did a lot of training courses, I think I did 22."
- "We continued to support our service users during lockdown by telephoning them and doing socially distanced visits in their gardens."
- "Maybe someday someone will do this for me."
- "I try to make them laugh, and they do."

Staff spoken with praised the manager for their approachability and responsiveness.

Service users

- "It's a great wee group."
- "This place used to be packed but now only its three quarters full due to the pandemic."
- "We are well looked after."
- "We have made good friendships."
- "I wouldn't change it."
- "The girls are terrific."
- "In another few months I hope there will be more people coming."
- "It's a home from home."
- "The food is excellent."
- "The craic is mighty."
- "I would recommend it to anyone."
- "There's never a dull moment."

Service users' representatives

- "It's a fantastic service."
- "It benefits me as it gives me a break."
- "The activities stimulate my relative."
- "My relative is very happy here."
- "They sing, play music and colour in with my relative."
- "It's a god send."

- “I love it.”

Two service user/relative questionnaires were received and both respondents were ‘very satisfied’ that the care being delivered is safe, compassionate, effective and well-led. One comment included:

- “Very happy with all aspects of mum’s care.”

7.0 The inspection

Action required to ensure compliance with The Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 21.1 and 21.8 Stated: First time To be completed by: With immediate effect	The registered person shall ensure that a record is kept in the day care setting of all training, including induction, and professional development activities undertaken by staff. This relates to the inductions records of all staff being maintained in the day centre. This includes a record of induction given to bank staff to the particular setting.	Met
	Action taken as confirmed during the inspection: We reviewed the induction records which newly recruited staff, including bank and agency staff undertake prior to commencement of employment. The manager also has a record of training for the staff.	
Area for improvement 2 Ref: Standard 13.1 Stated: First time To be completed by: 8 October 2018	The registered person shall ensure that the written procedures for safeguarding vulnerable adults are in accordance with legislation, DHSSPS guidance, regional protocols and local processes developed by the HSC Board and HSC Trusts. This relates to the day care settings adult safeguarding policy being updated to include a procedure for staff to follow in the event of an adult safeguarding concern referencing the regional operational procedures September 2016.	Met
	Action taken as confirmed during the inspection: We reviewed the adult safeguarding policy which was updated in April 2019 which included the procedure for staff to follow in the event of a safeguarding concern. The policy refers to the DHSSPS guidance.	

<p>Area for improvement 3</p> <p>Ref: Standard 17.7</p> <p>Stated: First time</p> <p>To be completed by: 8 October 2018</p>	<p>The registered person shall ensure there is a written policy on “whistle blowing” and written procedures that identify to whom staff report concerns about poor practice.</p> <p>This relates to the inclusion in the day care settings whistle blowing policy of the recognised bodies to report concerns to if internal reporting arrangements have been exhausted and concern has not been taken seriously, such as RQIA and NISCC.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>We reviewed the whistle blowing policy which was updated in April 2019. The policy included details for the complaints department for Age NI, as well as the details for RQIA and NISCC. It was positive to note that the manager had included the ‘RQIA’s guidance for whistle blowers. October 2018’ with this policy.</p>		

7.1 Inspection findings

Recruitment:

The agency’s staff recruitment processes were noted to be managed in conjunction with the organisation’s human resources (HR) department however no new staff had been recruited since the last inspection. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with relevant legislative requirements and their policy and procedures. It was discussed that once the pre-employment checks are completed, an email is sent from HR confirming this and a start date of employment can be issued. This ensures that the persons employed are suitable to be working with service users.

We reviewed the agency’s matrix to monitor staff registration with NISCC and confirmed that all staff are currently registered with the relevant professional body. The manager reported that discussions are had with the staff member during supervision to ensure they remain registered. The manager and staff confirmed that they were aware they are not permitted to work if their NISCC registration lapses.

Covid-19

The environment was observed during the inspection and there was evidence of infection prevention and control measures in place such as 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. Hand sanitisers were strategically located throughout the day care setting.

Observations of the environment concluded that it was fresh smelling and clean throughout.

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. Staff training records confirmed that staff had received training in IPC in line with their roles and responsibilities. Observation of staff practice evidenced that staff adhered to IPC procedures.

Staff had also completed training in relation to Covid-19 and training on the donning (putting on) and doffing (taking off) of PPE.

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. IPC and hand hygiene audits were undertaken.

Environmental changes and changes to the routines of the day care setting had been made, to ensure that social distancing could be maintained. Chairs in the activity room had been rearranged to ensure that the two metre distance could be maintained.

There was also a system in place to ensure that staff and service users had a daily wellness and temperature check recorded.

Enhanced cleaning schedules were in place, to minimise the risk of cross contamination. This included the frequently touched points throughout the building. We observed care staff cleaning hard surfaces and frequently touched points throughout the inspection.

A Covid-19 file was available and included information related to:

- good hand hygiene.
- safe PPE.
- isolation.
- table 4 from the Public Health Agency.
- key principals for bank and agency staff.

We reviewed the current practices relating to the following areas of guidance and good practice pertaining to Covid-19.

- Dissemination of information to staff.
- Monitoring of staff practice.
- IPC policies and procedures have been updated to address all current guidance in relation to covid-19.
- Staff training and guidance in relation to IPC and the use of PPE, in line with guidance.

We reviewed records relating to infection prevention and control policies which were in line with the guidance.

The procedures and guidance in place evidenced that:

- robust systems are in place to ensure that current IPC guidance is available and accessible to staff
- there are effective systems in place to monitor staff compliance with good IPC practices
- all staff working in the service are able to demonstrate their knowledge of IPC practice commensurate to their role and function in the service

From feedback, it was positive to note that staff were working well together to support the best outcomes for service users, in a caring manner whilst being caring and compassionate to both service users and their relatives.

It was also noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life, as confirmed in discussions with staff. Staff are being vigilant in terms of monitoring people for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19.

Areas of good practice

Evidence of good practice was found in relation to recruitment practices, staff registrations with NISCC, policies and procedures and staff training. Good practice was also found in relation to infection prevention and control; all staff and service users had been adhering to the current Covid-19 guidance on the use of PPE.

Areas for improvement

No areas for improvement were identified during this inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

8.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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