

Inspection Report

2 March 2023



Bannvale Social Education Centre

Type of service: Day Care Setting
Address: 10 Moyallen Road, Gilford, BT63 5JX
Telephone number: 028 3756 1506

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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	Registered Manager: Mr Darren Campbell
Responsible Individual: Mr Shane Devlin	Date registered: 17 June 2019
Person in charge at the time of inspection: Deputy Manager	
Brief description of the accommodation/how the service operates: Bannvale Social Education Centre is a day care setting that is registered to provide care and day time activities for up to 90 service users with a learning disability who may also have additional needs arising from physical disability and/or mental health diagnosis. 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 2 March 2023 10.20 a.m. and 4.20 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 the quality monitoring process, fire safety, record keeping, staff training and the staff rota information.

Good practice was identified in relation to service user involvement.

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.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, we want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read 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. We observed a number of service users being supported by staff, they appeared comfortable and relaxed in the day care setting.

The information provided indicated that there were no concerns in relation to the day care setting.

Comments received included:

Service users' comments:

- "Good, food nice."
- "Staff good, like it."
- "Happy."

Staff comments:

- "I enjoy it here; the service users are well looked after."
- "I feel supported all the team are great."
- "No concerns."
- "We could always do with more staff it would me we could do more with the service users. We get agency staff if needed."
- "I love getting out with the service users; this is a lovely place."
- "The seniors are supportive."
- "I feel service users are safe and have choice; we get to know them well."
- "Good staff ratio, I love working here."

- “Love coming into work, it is not like a job.”
- “I can raise issues.”
- “Service users are well looked after.”

No questionnaires were returned.

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 on 17 December 2021 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 17 th December 2021		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection in the day care setting. Matters as detailed below should be addressed with immediate effect: <ul style="list-style-type: none"> • service user single use wipes and service user wash cream should not be stored uncovered in bathrooms. Ref: 5.2.1	Met
	Action taken as confirmed during the inspection: Inspector confirmed that single use wipes and creams were stored appropriately.	
Area for improvement 2 Ref: Regulation 28 (1) (2) (3) (4) (5)	The registered person must ensure that the quality monitoring visits are undertaken at least once a month or as agreed with the Regulation and Improvement Authority. Ref: 5.2.4	Partially met

<p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed that the quality monitoring visits are undertaken at least once a month.</p> <p>However, it was noted that the process had failed to identify that Fire Safety checks had not been completed as required.</p> <p>This area for improvement was assessed as partially met and is stated for a second time.</p>	
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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.

Discussions with the person in charge 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.

The day care setting retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

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.

With regards to fire safety, records examined identified that a number of checks and audits had been undertaken however it was noted that a number of fire alarm tests had not been completed. An area for improvement has been identified. It was noted that the majority of staff had completed a fire evacuation drill on 23 November 2022, however a small number had not participated in a drill in the last year. An area for improvement has been identified. Fire risk assessments for the centre were available for the inspection and had been completed. Records

indicated that staff had completed fire safety training and the remaining staff are due to complete training on 8 March 2023.

RQIA had been notified appropriately of any incidents as required in accordance with the regulations. Incidents had been managed appropriately.

Staff were provided with Moving and Handling 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 records confirmed that where the day care setting was unable to provide training in the use of specialised equipment, this was identified by the day care setting before care delivery commenced and training was requested from the HSC Trust. 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. There was also evidence of regular contact with service users and their representatives.

All staff had been provided with training in relation to medicines management. The person in charge advised that no service users required their medicine to be administered with a syringe. The person in charge 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 MCA.

Staff had completed appropriate DoLS training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, their care records contained appropriate DoLS paperwork. The day care setting maintains a register of those service users who have a DoL in place. There were details of DoLS assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

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 where possible 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 and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also positive to note that the day care setting facilitates service user advocacy 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. Some service users' comments included:

- "Can we have Valentines Bingo?"
- "Can we get Bruce back for art?"

It was important that individuals with learning disabilities are supported to maintain their relationships with family, friends and partners during the Covid-19 pandemic. Service users were provided with information to explain Covid-19 and how they could keep themselves safe and protected from the virus.

The day care setting had completed an annual review in relation to their practice which incorporated service user and their representatives' feedback (Regulation 17).

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 modifying food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). 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.

Discussions with staff and review of 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.

A number of service users required support with Enteral Feeding; it was noted that a number of staff had completed training and competency assessments to enable them to effectively support service users. Records viewed clearly stated that only staff trained and deemed competent were permitted to support service users with enteral feeding.

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) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body. 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 structured induction programme which also included shadowing of a more experienced staff member. Written records were retained by the day care setting of the person's capability and competency in relation to their job role.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken. It was identified that a number of staff are required to complete medication competency assessments. An area for improvement has been identified.

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

There were quality 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. However, it was identified that the process had failed to highlight the gaps in the completion of fire alarm checks and in addition carry items over recorded in the action plan. An area for improvement made at the last inspection with regard to quality monitoring was assessed as partially met and has been stated for a second time.

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 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 identified that recording in the day care settings daily diary had been completed in pencil; An area for improvement has been identified.

It was noted that the staff rota information did not accurately reflect all staff working in the day care setting each day. An area for improvement has been identified

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	1*	5

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

The areas for improvement and details of the QIP were discussed with the person in charge and a number of the day care settings staff, 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 28.- (1)(2)(3)(4)(5) Stated: Second time To be completed by: Immediate and ongoing from the date of inspection	<p>The registered person must ensure that the quality monitoring process reviews risks within the day care setting and highlights areas for improvement.</p> <p>Ref: 5.2.4 & 5.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Monthly monitoring visits are undertaken by one of 2 Monitoring Officers. Going forward it has been agreed that the monitoring officer will review weekly fire check dates from the previous monitoring visit and record in the action plan if any checks have not been completed / are outstanding. The Monitoring Officer will inform the person in charge at the time of the monitoring officer visit if any action is required in relation to fire safety.</p>
Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021	
Area for improvement 1 Ref: Standard 28 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	<p>The registered person shall ensure that fire safety precautions are in place that reduce the risk of fire and protect service users, staff and visitors in the event of fire.</p> <p>This relates specifically to fire safety checks being completed as required.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All staff responsible for completing fire safety checks have been reminded of their fire safety training and Day Care Standards.</p> <p>Management have reinforced with all staff that fire checks must be completed on a weekly basis. A fire alarm check notice has been devised, and placed in prominent position to remind all staff to complete weekly fire checks every Monday (or Tuesday in the event the centre is closed on the Monday).</p> <p>The fire check log sheet has been reviewed and amended to record weekly checks and should the centre be closed for a</p>

	<p>week this is to be recorded on the log sheet and reason why the checks are not completed.</p> <p>As per Area for improvement 1 noted above the Monitoring officer will review weekly fire check data as part of their monthly monitoring visit.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 28.6</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that all staff attend a fire evacuation drill at least once a year.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All staff have now completed a yearly evacuation drill. The evacuation drill recording sheet will now have a list of all staff names who participated in the evacuation drill (in separate attachment). The staff who were absent on the day of the drill will be facilitated with another fire evacuation drill to ensure all staff will have completed a yearly fire drill in compliance with Standard 28.6.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 29.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that staff who manage medicines are trained and competent.</p> <p>Ref: 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>All Day Care Workers have completed their transcribing training and all staff who administer or assist in administering medicines have completed their core medicines management training and competency assessments.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 19</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that entries made in the daily diary and other documents are recorded in ink.</p> <p>Ref: 5.2.6</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>All staff have been reminded to ensure that all entries in the daily diary which includes planned staff annual leave must be recorded in black ink. This was reinforced with all staff through monthly staff meetings. Staff to put a line through the previous entry indicating any changes along with the initials of the staff member making the change. Effective recording training is being planned for the staff team.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 23.7</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that a record is kept of staff working each day and the capacity in which they work. They should ensure that the day care setting's staff rota accurately reflects those persons supplied.</p> <p>Ref: 5.2.6</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>A new staff duty rota has been developed which records the management and daycare staff working each day and the capacity in which they work within the day care setting. This will be kept in line with the Day Care Standards.</p>

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