

Inspection Report

6 October 2023



Age NI Anna House

Type of service: Day Care Setting

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Age NI	Registered Manager: Ms Gillian Thompson
Responsible Individual: Ms Linda Robinson	Date registered: 14 December 2010
Person in charge at the time of inspection: Ms Gillian Thompson	
Brief description of the accommodation/how the service operates: The day care setting is used to provide care and day time activities for adults who are aged over 65 years; service users may also have a physical disability, be experiencing memory loss and/or have a diagnosis of dementia. The day care setting is open Monday to Friday.	

2.0 Inspection summary

An unannounced inspection was undertaken on 6 October 2023 between 10.00 a.m. and 4.00 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 and Dysphagia management was also reviewed.

Areas for improvement identified related to care planning and the environment.

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

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 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 there were no concerns in relation to the day care setting.

Comments received included:

Service users' comments:

- "Love this place, enjoy coming."
- "Food great, staff are great."
- "Brilliant wee place."
- "They look after us so well; love it here."
- "Would be lost without it; great wee place."
- "I enjoy the games and fun."

Staff comments:

- "Best place to work, the manager is supportive. I love it here."
- "Not like a job, it is like a family. Service users are well looked after it is all about them."
- "No complaints, I can speak to the manager if I am worried."
- "I was new to care, I got a great induction and great support."

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included:

- "I think the day centre is a marvellous place where everyone is very well treated and cared for."
- "I am back to being myself coming to the club."

- “I enjoy the company here. I always like to be at the centre. I have made friends here and I get out of the house.”
- “They have worked wonders for my mental health. They have provided me with an environment to come out of my shell and recognise the person I used to be.”

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 8 November 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 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). The day care setting’s annual Adult Safeguarding Position report had been formulated and was reviewed and found to be satisfactory.

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 annually thereafter. It was noted that ancillary staff had completed appropriate training. 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 has a system for retaining records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that no referrals had been made 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.

Records viewed indicated that incidents had been managed appropriately.

Staff were provided with moving and handling training appropriate to the requirements of their role. The manager 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. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required support with medicines management.

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. 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. The manager reported that one of the service users were subject to DoLS. 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 the relevant documentation. The manager is in the process of developing a DoLS register.

It was noted that a fire risk assessment had been completed on October 2022 and the manager described the actions taken to date to address any actions required. Staff had completed required fire safety training and had participated in a fire evacuation drill. There was evidence that required fire safety checks had been completed. Fire exits were noted to be unobstructed.

A review of the environment observed it to be warm, clean and fresh smelling. However, we identified a number of areas that required attention; we observed that one of the toilets being accessed by service users had no toilet seat, pull cords in bathrooms were not of a material that could be cleaned effectively, we noted rust on a handrail in one of the bathrooms. In addition, we observed a specialist bath that was not in use being stored in one of the bathrooms. We highlighted to the manager marks on paintwork throughout the lounge area. The manager could describe the process for cleaning chairs/sofas in the lounge that were covered in a fabric that was not wipeable. An area for improvement has been made.

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 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.

It was also positive to note that the day care setting had service user meetings on a monthly 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 matters discussed included:

- Fire safety
- Activities
- Menu

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

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 review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

One of service users was assessed by SALT with recommendations provided and required their food and fluids to be of a specific consistency. Staff had 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.

However, it was identified that the service user's care plan had not been updated to include details of the SALT recommendations. An area for improvement has been made.

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 (Access NI), 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 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. A spot check completed during the inspection indicated that staff were appropriately registered with NISCC.

It was noted that there was a small number of volunteers supporting the day care setting. There was a policy and procedure for volunteers which clearly specified their role and responsibilities. The manager confirmed that volunteers did not undertake any personal care duties and that Access NI checks had been completed. All volunteers are required to complete a range of training including Adult safeguarding.

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.

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.

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.

The manager advised that 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 along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. It was noted that no complaints had been received since the last inspection.

There was a system in place for managing instances where a service user did not attend the day centre as planned. This included a system for signing in and out the service users who attend.

It was discussed with the manager the need for transport staff or an identified person to check the vehicle at the end of each journey to ensure that no service users remained on the transport. The manager welcomed this advice and advised that it would be added to the daily transport log.

The Statement of Purpose required updating with RQIA's contact details; this was actioned immediately following the 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 Settings Minimum Standards, (revised), 2021.

	Regulations	Standards
Total number of Areas for Improvement	0	2

The areas for improvement and details of the QIP were discussed with Gillian Thompson, Registered Manager, 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 Settings Minimum Standards August (revised) 2021	
<p>Area for improvement 1</p> <p>Ref: Standard 25</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing since the date of inspection</p>	<p>The registered person shall ensure that the premises are safe and well maintained.</p> <p>This relates specifically to the following matters:</p> <ul style="list-style-type: none"> • Provision of a toilet seat on all toilets • Replacement of pull cords in a wipeable material • Removal of any clutter or equipment not in use • Replacement of any equipment that is rusted or faulty. <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The toilets downstairs have now got two new toilet seats. The replacement cords have been reported to the landlord of the centre.</p> <p>All equipment is removed when not in use.</p> <p>A request has been sent to our landlord to replace any rusted equipment.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 5.6</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The registered person shall ensure that care plans are kept up to date and reflect the service user's needs.</p> <p>This relates specifically to SALT recommendations and related care plans.</p> <p>Ref: 5.2.3</p>

Immediate and ongoing since the date of inspection	Response by registered person detailing the actions taken: The service users care plan has been updated to meet her SALT needs and staff are aware of a new SALT file created.
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