

# Inspection Report

23 July 2024



## Age NI Anna House

Type of service: Day Care Setting

Address: Dunmurry Office Park, 37a Upper Dunmurry Lane, Belfast,  
BT17 0AA

Telephone number: 028 9060 1177

[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Age NI	<b>Registered Manager:</b> Ms Gillian Thompson
<b>Responsible Individual:</b> Ms Linda Robinson	<b>Date registered:</b> 14 December 2010
<b>Person in charge at the time of inspection:</b> Ms Gillian Thompson	
<b>Brief description of the accommodation/how the service operates:</b>  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 23 July 2024 between 9.15 a.m. and 2.30 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.

On area for improvement identified at the last inspection has been assessed as partially met and is stated for a second time.

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, relatives and staff members.

The information provided indicated that they had no concerns in relation to the day care setting.

Comments received included:

##### **Service users' comments:**

- "Best staff, the manager is great."
- "Love coming and the food is beautiful."
- "Love doing dancing and bingo and games. Great to get out of the house."
- "No complaints, it is a brilliant place and I happy with everything."
- "Company is good."
- "Would be lost without it."

##### **Service users' relatives' comments:**

- "I talk to the manager or staff if any problems."
- "Could not get a better place, my husband loves coming."
- "This place is absolutely incredible, the staff are amazing and it is like home."
- "Staff are so kind and they care about us too; it is 100%. This place is perfection."
- "My wife is so settled; this place is a lifeline for us. Could not praise the place enough, it has made such a difference to our lives and we couldn't do without it."
- "My wife would not be at home without this place."
- "Staff are so kind, friendly and caring. We were made to feel welcome from day one."
- "Staff take time to sit with the service users, to get them settled."
- "It stimulates my mum, she is now putting her makeup and jewellery on again."

**Staff comments:**

- “I enjoy working here, we all get on well.”
- “It is all about the service users.”
- “No concerns, I love it.”
- “The manager is great.”

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

- “Everyone is so welcoming and friendly, always feel safe.”
- “I think the service is second to none and the staff are fantastic.”
- “I love going to the centre to see friends and staff.”
- “Staff are amazing at making me feel safe and if I need anything they are happy to help.”
- “I think the service provided is amazing. I would be lost without the service, I feel I have lots of friends and don’t feel as lonely anymore.”

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 6 October 2023 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 6 October 2023		
Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 25  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing since the date of inspection	The registered person shall ensure that the premises are safe and well maintained. This relates specifically to the following matters: <ul style="list-style-type: none"> <li>• Provision of a toilet seat on all toilets</li> <li>• Replacement of pull cords in a wipeable material</li> <li>• Removal of any clutter or equipment not in use</li> <li>• Replacement of any equipment that is rusted or faulty.</li> </ul>	<b>Partially met</b>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>It was confirmed that although some matters had been addressed it was noted that a handrail in one of the toilets was extremely rusted and needed replaced. In addition, some equipment not in use had not been removed. This area for improvement is stated for a second time.</p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 5.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing since the date of inspection</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><b>Action taken as confirmed during the inspection:</b></p> <p>Inspector confirmed that care plans viewed were up to date and reflected that service user's needs.</p>	<p><b>Met</b></p>

## 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 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.

The day care setting had a system for retaining a record of any referrals made to the HSC Trust in relation to adult safeguarding. It was identified 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.

RQIA had been notified appropriately of any incidents that are required to be reported.

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.

All staff had been provided with training in relation to medicines management. The manager advised that staff do not support service users with medication administration.

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 DoLS training appropriate to their job roles. The manager reported that none of the current service users were subject to DoLS.

Details of the person in charge on the day of inspection was clearly displayed along with the menu and daily activities.

All areas used by service users were noted to be warm and comfortable.

It was noted that a fire risk assessment of the day care setting had been completed on 16 October 2023. An action plan was provided. Staff had completed fire safety training and participated in fire evacuation drills as required. There was evidence to indicate that required fire safety checks had been completed.

Hazardous substances were observed to be stored appropriately and in accordance with Control of Substances Hazardous to Health (COSHH) guidance.

A review of the environment found it to be well decorated, clean, fresh and uncluttered; décor and furnishings in the rooms were matched to the needs of the service users. There was a calm and relaxed atmosphere throughout the day care setting.

Bathrooms were observed to be clean, tidy and fresh smelling. Handwashing facilities were available and information in place in regard to good hand hygiene processes.

An area for improvement identified at the last inspection in relation to equipment was assessed as partially met and is stated for a second time.

### **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. 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 had service user meetings on a monthly basis which gave service users the opportunity to discuss what they wanted from attending the day care setting and any activities they would like to become involved in. Some matters discussed included:

- Transport
- 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 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 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. 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) 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 was one individual volunteering within the day care setting. There was evidence that AccessNI checks had been completed and that they had completed adult safeguarding training. The manager advised that volunteers did not undertake any personal care duties.

#### **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 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 and staff. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; DoLS; fire safety; complaints; staffing arrangements including recruitment and training.

The Annual Quality Report was reviewed and was satisfactory; there was evidence that relevant stakeholders had been consulted. Comments included:

- "Gives me confidence knowing my wife is in good hands."
- "Really benefited my mental health, I look forward each day to coming."



- “Staff are really caring which makes it enjoyable.”
- “It has helped me massively in getting through the week.”

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 identified that no complaints were received since the last inspection.

There was a system in place for managing instances where a service user did not attend the day care setting as planned. This included a system for signing in and out the service users who attend. There was evidence that there was a process whereby an identified staff member checks the bus used at the end of each journey to ensure that no service users remained on the transport.

The Statement of Purpose and Service Users Guide required updating with RQIA’s contact details. The manager agreed to review this following the inspection.

## 6.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Day Care Settings Minimum Standards, (revised), 2021.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	1*

\* 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 Gillian Thompson, Registered Manager and a senior manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 25</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate and ongoing from 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"> <li>• Removal of any clutter or equipment not in use</li> <li>• Replacement of any equipment that is rusted or faulty.</li> </ul> <p>Ref: 5.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Equipment not in use has been removed, replacement equipment has been ordered to replace rusted handrails.</p>

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



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

