

# Inspection Report

10 March 2022



## Age NI Anna House

Type of service: Day Care Setting  
Address: Dunmurry Office Park, 37a Upper Dunmurry Lane, Belfast,  
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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>Responsible Individual:</b> Ms Linda Robinson	<b>Registered Manager:</b> Ms Gillian Thompson  <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>  <p>This is a day care setting with 30 places that are situated across two sites. The main site is Anna House in which care and support is provided throughout Monday to Friday for up to 15 service users per day downstairs. The second floor of Anna House is used to provide care and support on Mondays, Tuesdays, Thursdays and Fridays for 15 service users per day. Aghalee Day Centre is the satellite centre for Anna House in which care and support is provided within the village hall on a Wednesday for up to 15 service users. The day care setting is used to provide care and day time activities for adults who are aged over 65; service users may also have a physical disability, be experiencing memory loss and/or have a diagnosis of dementia.</p>	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 10 March 2022 between 9.15 a.m. and 1.15 p.m. by the care inspector.

This inspection focused on staff recruitment processes, registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints and whistleblowing. We also reviewed Deprivation of Liberty safeguards (DoLS) including money and valuables, restrictive practice, monthly quality monitoring and Covid-19 guidance.

One area for improvement was identified; this was in relation to fire safety.

Good practice was identified in relation to recruitment processes and appropriate checks being undertaken before staff were supplied to day care settings, NISCC registrations, adult safeguarding, completion of monthly quality monitoring reports, training. Good practice was also found in relation to the system in place of disseminating Covid-19 related information to staff.

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

### 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.

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

The inspection focused on:

- contacting the service users, their relatives, WHSCT representatives and staff to find out their views on the service.
- reviewing a range of relevant documents, policies and procedures relating to the day care setting's governance and management arrangements

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided. This included questionnaires for service users/relatives. An electronic survey was provided to enable staff to feedback to the RQIA.

### 4.0 What people told us about the service

We spoke with 14 service users and two staff.

In addition we received questionnaires from service users/relatives and electronic survey feedback from staff which indicated that they were generally very happy with the service provided by the agency. Comments made are included in the report.

#### Comments received during inspection process-

##### Service users' comments:

- "I love coming on a Thursday."
- "The place is friendly."
- "The staff are very good and attentive."
- "The staff wear masks."
- "I only started coming last week and I love it."
- "Nothing is too much trouble for the staff."
- "I enjoy the company here."
- "The staff keep us interested."
- "Everything here is great and the staff are brilliant."
- "The quality of care is very good and they seek to make the day very interesting."

**Staff comments:**

- “XXXX is a brilliant manager.”
- “There is plenty of training.”
- “We had DoLs training.”
- “All of us are responsible for reporting adult safeguarding concerns.”
- “We all get on so well.”
- “New staff are inducted and trained for the job.”
- “I shadowed staff for a period of time.”
- “We have service user meetings once a month.”
- “The service users get a good service and they are all so happy.”
- “I feel that we deliver a very high standard of care and the service users are very happy and contented.”

**5.0 The inspection****5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

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. The last inspection to Age NI Anna House was undertaken on 27 June 2019 by a care inspector; two areas for improvement were identified. A QIP was issued. This was approved by the care inspector and was validated during this inspection.

An inspection was not undertaken in the 2020-2021 inspection year, due to the impact of the first surge of Covid-19.

<b>Areas for improvement from the last inspection on 27 June 2019</b>		
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2021</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 21.8 <b>Stated:</b> Second time	<p>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.</p> <p>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.</p> <p>Ref: 6.1</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Review of induction records confirmed that all staff including bank staff had received an induction to the day care setting..</p>	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 21.1 <b>Stated:</b> First time	<p>The registered person shall ensure staff who are newly appointed, agency staff and students are required to complete structured orientation and induction. For social care staff this will mean having regard to NISCC Induction Standards for new workers in social care, to ensure that they are competent to carry out the duties for their job, in line with the setting's policies and procedures.</p> <p>Ref: 6.3</p>	<b>Met</b>
	<p>Review of induction records confirmed that the day care setting had updated their induction programme to include competency assessments alongside NISCC Induction Standards.</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 annual Adult Safeguarding Position report was not available for review. Following the inspection and within an agreed timeframe the annual Adult Safeguarding Position report for the agency had been forwarded to RQIA. This 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 adult safeguarding concerns.

It was noted that staff are required to complete classroom based adult safeguarding training during their induction programme and yearly updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. They could 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 had a system for retaining a record of referrals made to the HSCT in relation to adult safeguarding. Records reviewed and discussions with the manager indicated that no adult safeguarding referral had been made since the last inspection.

Service users who spoke to us stated 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.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the day care setting's policy and procedures.

All staff had completed DoLS Level Two training appropriate to their job roles; records reviewed clarified training. It was noted that the Manager had not completed DoLS Level Three training. Following the inspection and within an agreed timeframe the Manager forwarded evidence of the completed DoLS Level Three training record reviewed and found to be satisfactory.

Discussion with staff clarified their knowledge of the subject. Discussion with the manager confirmed that no service users met the criteria to have a DoLS practice in place.

The Manager told us that the day care setting did not manager service users' monies.

Staff demonstrated that they had an 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.

Review of the fire risk assessment for 4 October 2021 confirmed that a number of significant findings had not been addressed within the specified timeframe. An area for improvement has been identified in this regard.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

### **5.2.2 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

The Manager identified on service users who required assistance with eating and drinking due to having swallowing difficulties; some of whom required their food and drinks to be of a specific consistency. Review of the records identified that the risk assessments were consistently reflected in the care plans.

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). It was established and positive to note that all staff had completed training in Dysphagia.

### **5.2.3 Are their robust systems in place for staff recruitment?**

A review of the staff recruitment records confirmed that recruitment for new staff was completed in conjunction with the organisation's Human Resources (HR) department. Review of staff recruitment records confirmed that recruitment was managed in accordance with the Regulations and Minimum Standards, before staff member's commenced employment and had direct engagement with service users. Records reviewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the Manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The Manager told us that the day care setting does not use volunteers or voluntary workers.

### **5.2.4 Are there robust governance processes in place?**

There were monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Reports relating to the day care setting's monthly monitoring were reviewed. The process included engagement with service users, service users' relatives, staff and BHSCCT representatives. The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements. It was noted that an action plan was



generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

There is a process for recording complaints in accordance with the day care setting's policy and procedures. It was noted that no complaints were received since the last inspection.

It was established during discussions with the Manager that the day care setting had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alert's (EAs).

## 6.0 Conclusion

Based on the inspection findings, one area for improvement was identified; this related to ensuring safe care. Service users were found to be receiving effective and compassionate care and the day care setting was overall well led by the Manager/Management team.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Day Care Settings Regulations (Northern Ireland) 2007.

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Gillian Thompson, Registered 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 Setting Regulations (Northern Ireland) 2007</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 26 (4) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>(4) The registered person shall-</p> <p>(a) have in place a current written risk assessment and fire management plan which is revised and actioned when necessary or whenever the fire risk has changed</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> A written risk assessment and fire management plan identifying revised and actioned areas is now in place.</p>

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



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