

Inspection Report

16 February 2023



Crozier Lodge

Type of Service: Day Care Service

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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 HSC Trust	Registered Manager: Mrs Iona Henry
Responsible Individual: Dr Maria O’Kane	Date registered: 14/03/2023
Person in charge at the time of inspection: Band 5 Day Care Worker Manager attended from 12.00 p.m.	
Brief description of the accommodation/how the service operates: Crozier Lodge is a Day Care Setting with accommodation to provide 15 places for older people and persons with dementia. The service provides care and therapeutic activities, Monday to Friday each week. Further information on the day care service is reflected within the service user guide and statement of purpose.	

2.0 Inspection summary

An unannounced inspection was undertaken on 16 February 2023 between 10.00 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, Dysphagia and Covid-19 guidance was also reviewed.

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 staff 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:

- "Enjoy it."
- "Love it, staff are great."
- "Lovely place, the food is great."
- "They (staff) are so good to us."
- "Great company, it gets me out. Gives my daughter a break."

Staff comments:

- "Love it here, I feel supported."
- "Here 20 years and we all work together. Great teamwork."
- "I have no concerns; we can raise issues."
- "Love it here; get to know the service users."

- “Service users have choice.”
- “Manager and person in charge are supportive and approachable.”

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?

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. An inspection was not undertaken in the 2020-2021 or 2021-2022 inspection years, due to the impact of the first surge of Covid-19.

The last care inspection of the day care setting was undertaken on 24 July 2019 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 24 June 2019		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 26 (2) (a) Stated: Second time To be completed by: 30 September 2019	The registered person shall confirm the overall space within the centre has been reviewed and the work completed to ensure that it can meet the identified needs of the service users. Ref: 6.4 Action taken as confirmed during the inspection: It was confirmed that a number of rooms had been repurposed to meet the needs of the service users.	Met
Area for improvement 2 Ref: Regulation 26 (4) (a) Stated: First time To be completed by: 30 September 2019	The registered person shall ensure the fire risk assessment is reviewed within the stated timeframes. The date of the review should be detailed in the returned QIP. Ref: 6.4 Action taken as confirmed during the inspection: It was confirmed that the fire risk assessment had been reviewed.	Met

<p>Area for improvement 3</p> <p>Ref: Regulation 15 (b) (e)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2019</p>	<p>The registered person shall ensure that prior to the admission of a service user to the day centre:</p> <p>(a) The day centre has obtained an up to date assessment.</p> <p>(b) The day centre is appropriate to meet the identified needs.</p> <p>Ref: 6.5</p> <p>Action taken as confirmed during the inspection: It was confirmed that assessments of needs for individual service users had been obtained prior to them attending the day care setting. This ensured that service users only attended the day care setting if their needs could be met appropriately.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 28 (5) (a)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2019</p>	<p>The registered person shall ensure that the reports of the monthly monitoring visits are available for inspection in the day centre.</p> <p>Ref: 6.7</p> <p>Action taken as confirmed during the inspection: It was confirmed that the reports of the monthly quality monitoring visits were available for inspection within the service.</p>	<p>Met</p>
<p>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</p>		<p>Validation of compliance</p>
<p>Area for improvement 2</p> <p>Ref: Standard 21.4</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2019</p>	<p>The registered person shall ensure staff are in receipt of training on the impact of Human Rights within the work setting.</p> <p>Ref: 6.4</p> <p>Action taken as confirmed during the inspection: It was confirmed that staff had completed training on Equality and Human Rights.</p>	<p>Met</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 DoH's 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).

Discussions with the person in charge established that they were knowledgeable in matters relating to adult safeguarding 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 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. 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 including fire alarm tests. It was noted that the last full evacuation drill had taken place on 6 December 2022. Fire risk assessments for the centre were available for the inspection and had been completed in 3 August 2020. Records indicated that staff had completed fire safety training.

RQIA had been notified appropriately of any incidents.

The person in charge 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.

It was noted that care reviews had not been undertaken during the period when the day care setting was closed. The person in charge stated that all service users have had a reassessment of their care and support needs prior to returning to the setting.

All staff had been provided with training in relation to medicines management. The person in charge stated that they are not administering medication at present. The person in charge advised that no service users required their medicine to be administered with a syringe.

They were 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. The person in charge reported that none of the service users were subject to DoLS.

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 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 matters discussed included:

- Crafts
- Gardening
- Menu

Some service users' comments included:

- "Food excellent."
- "Staff lovely, they go above and beyond."
- "Would like indoor bowls."

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). One service user was assessed by SALT with recommendations provided and 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.

5.2.4 What systems are in place for staff recruitment and are they robust?

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. 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 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.

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 Annual Quality Report was reviewed and was satisfactory. Comments included:

- "Delighted with the care."
- "Happy with everything."
- "A magnificent service."
- "Nice to get away for a day."

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

Following the inspection, the day care setting notified RQIA of the management arrangements and an updated certificate was issued.

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 were received since the last inspection.

6.0 Conclusion

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Iona Henry, Registered Manager and the person in charge, as part of the inspection process and can be found in the main body of the report.



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