

# Unannounced Care Inspection Report 10 February 2021



## Foyleville Day Centre

**Type of Service: Day Care Setting**  
**Address: Academy Road, Londonderry, BT48 7LE**  
**Tel No: 028 7126 3900**  
**Inspector: Angela Graham**

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

Foyleville day centre is a day care setting that provides care and day time activities for up to 20 services users aged over 65 who may have a range of needs associated with physical disability, brain injury, sensory impairment, mild cognitive impairment and dementia. The day care setting is open from Monday to Friday.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Western Health & Social Care Trust  <b>Responsible Individual:</b> Dr Anne Kilgallen	<b>Registered Manager:</b> Mr Patrick McKeever
<b>Person in charge at the time of inspection:</b> Mr Patrick McKeever	<b>Date manager registered:</b> 23 December 2010

### 4.0 Inspection summary

An unannounced inspection took place on 10 February 2021 from 10.50 to 14.20 hours.

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 care inspection was undertaken on 26 February 2019. Since the date of the last care inspection, RQIA were not notified of any notifiable incidents. Whilst RQIA was not aware that there was any specific risk to the service users within Foyleville Day Centre a decision was made to undertake an on-site inspection adhering to social distancing guidance.

We checked that all staff were registered with the Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC) and that there was a system in place for ongoing monitoring of staff registrations. Staff adherence to the Covid-19 Guidance was also reviewed through discussion with them. This was also verified through discussion with the manager and service users. We also reviewed the list of all Covid-19 related information, disseminated to staff and displayed throughout the day care setting.

One area for improvement was identified during the inspection in relation to the monthly quality monitoring process.

Evidence of good practice was found in relation to staff registrations with NISCC and the NMC. Good practice was also found in relation to infection prevention and control (IPC), the use of personal protective equipment (PPE) and Covid-19 education.

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

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

An area for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mr Patrick McKeever, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

## 4.2 Action/enforcement taken following the most recent care inspection dated 26 February 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 26 February 2019.

## 5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA in relation to the day care setting. This included the previous inspection report and QIP and written and verbal communication received since the previous care inspection.

During the inspection, we met with the manager, senior day care worker, two day care workers and five service users.

To ensure that the appropriate staff checks were in place before commencement of employment, we reviewed the following:

- Recruitment records specifically relating to Access NI and NISCC and NMC registrations.

We also reviewed infection prevention and control (IPC) procedures to ensure that they were compliant with the Covid-19 guidance.

The manager advised that there had been no safeguarding incidents since the date of the last inspection. The manager confirmed that no complaints were received since the date of the last inspection. We also reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in line with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included service user/relative questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA. No service users/relative questionnaires were returned to RQIA within the timeframe for inclusion in this report.

We would like to thank manager, service user and staff for their support and co-operation throughout the inspection process.

## 6.0 The inspection

Area for improvement from the last care inspection		Validation of compliance
<b>Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 26 (4)(d)(v)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered provider shall ensure that robust governance arrangements are maintained with regard to ensuring that all necessary fire safety precautions are in place.</p> <p><b>Action taken as confirmed during the inspection:</b>            The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of fire safety records including weekly fire alarm tests and monthly fire safety checks evidenced that this area for improvement had been addressed.</p>	<b>Met</b>
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 3.1  <b>Stated:</b> First time  <b>To be completed by:</b> 9 April 2019	<p>The registered person shall ensure that individual written agreements are reviewed and revised to ensure the content is in accordance with Standard 3.1.</p> <p><b>Action taken as confirmed during the inspection:</b>            The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of three care records evidenced that this area for improvement had been addressed.</p>	<b>Met</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 7.4  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that contemporaneous written records are maintained within service users' care records with regard to all contacts made on behalf of or at the request of service users.</p> <p><b>Action taken as confirmed during the inspection:</b>            The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of elements of three care records evidenced consultation with health and social care Trust professionals and</p>	<b>Met</b>

	service user representatives.	
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## 6.1 Inspection findings

### Recruitment records

The manager confirmed that staff employment records were held within the WHSCT human resources department and that all staff appointments were made in compliance with relevant legislative requirements and trust policy and procedures. The manager advised that there were no newly recruited staff to the day care setting and that the staff team had all worked in the day care setting for a significant number of years.

A review of records confirmed all staff working in the day care setting are currently registered with NISCC or the NMC. Information regarding registration details and renewal dates are monitored by the manager. The manager confirmed that all staff are aware that they are not permitted to work if their professional registration lapses. Discussion with staff confirmed that they were registered with NISCC or the NMC as appropriate. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

### Governance and Management Arrangements

A complaints and compliments record was maintained in the day care setting. The manager confirmed that no complaints were received since the date of the last inspection. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

We discussed the monitoring arrangements in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken by an independent monitoring officer. The monitoring officer reported on the conduct of the day care setting.

Review of Regulation 28 monthly quality monitoring visits identified that a visit had not been undertaken in October and December 2020. Review also identified there was limited input from key stakeholders in the monthly monitoring reports. The monitoring officer must ensure that key stakeholders' views are included within the monthly monitoring reports. An area for improvement has been made in this regard.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The manager confirmed that the organisation's adult safeguarding practices are directed by the regional Adult Safeguarding Prevention to Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. An Adult Safeguarding Champion (ASC) was identified for the service. Discussion with the manager further confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to appropriate professionals. Discussion with staff established that they were aware of the roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records. The manager advised that no adult safeguarding referrals were made since the last care inspection.

## Stakeholder's Views

Discussion with staff evidenced that they felt the care provided was safe, effective, compassionate and well led. The following is a sample of comments made:

- "I have worked in the centre for many many years and I am well supported by the manager."
- "We have very good information in relation to Covid-19 and we have a Covid file in place."
- "We have discussed all the changes such as PPE with service users."
- "All my mandatory training is up to date."
- "We have not had a Covid positive case in the day centre."
- "PPE is worn in line with table 4."
- "We have had IPC training and I know how to donn and doff my PPE."
- "We are always looking at ways to improve our service."
- "We all wear PPE to keep everyone safe."
- "Communication is good in the centre and we work well as a team."

Discussion with staff evidenced that they were knowledgeable regarding service users' individual needs. Staff also demonstrated awareness of the need for person centred interventions which facilitate engagement with service users and promote effective communication and social engagement. Observations of staff practice on the day of inspection evidenced that they were confident and effective in their communication with the service users and adapted their communication methods as necessary. We observed interventions that were proactive and timely.

Discussion with service users evidenced that they felt the care provided was safe, effective, compassionate and well led. The following is a sample of comments made:

- "Great place to come, everybody is so kind."
- "Staff are good to me, you always get a hot cup of tea."
- "A cheery place to come."
- "I like doing the chair exercises."
- "No suggestions for improvement, the place is perfect."
- "The place is always spotless and nice and warm."

## Covid-19

The environment was observed during the inspection and there was evidence of infection prevention and control measures in place such as PPE which was available for staff. Other infection prevention and control measures were in place, which included seven step hand hygiene notices positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins. Wall mounted hand sanitisers were strategically located throughout the day care setting. Wall mounted hand sanitisers checked were clean, sufficient product was available and these were well maintained and fit for purpose. Observations of the environment concluded that it was fresh smelling and clean throughout.

Discussion with the manager and staff identified that they had a good understanding of the procedure to follow in the event of service users or staff being diagnosed with Covid-19. Staff training records confirmed that staff had received training in IPC in line with their roles and responsibilities.

Observation of staff practice evidenced that staff adhered to IPC procedures.

Staff had also completed training in relation to Covid-19 and training on the donning (putting on) and doffing (taking off) of PPE. Signage was displayed throughout the day care setting in relation to donning and doffing guidance and social distancing.

Staff described how they wore PPE for activities that brought them within two metres of service users. The staff members spoken with reported that there was an appropriate supply of PPE and sufficient bins available to allow the safe disposal of PPE. IPC and hand hygiene audits were undertaken.

Environmental changes and changes to the routines of the day care setting had been made, to ensure that social distancing could be maintained. The dining room and the activity room chairs had been rearranged to ensure that the two metre distance could be maintained.

There was also a system in place to ensure that staff and service users had a temperature and daily wellness check recorded.

Enhanced cleaning schedules were in place, to minimise the risk of cross contamination. This included the frequently touched points throughout the building. We reviewed a sample of these records and some were found to be satisfactory. We observed care staff cleaning hard surfaces and frequently touched points throughout the inspection.

We reviewed the current practices relating to the following areas of guidance and good practice pertaining to Covid-19.

- dissemination of information to staff
- monitoring of staff practice
- infection prevention and control policies and procedures have been updated to address all current guidance in relation to Covid-19
- staff training and guidance in relation to infection prevention and control and the use of PPE, in line with guidance

We reviewed records relating to infection prevention and control policies which were in line with the guidance. A Covid-19 file was available and included current guidance documents from the Public Health Agency and the Department of Health.

The procedures and guidance in place evidenced that:

- robust systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff
- there are effective systems in place to monitor staff compliance with good infection prevention and control practices
- all staff working in the service are able to demonstrate their knowledge of infection prevention and control practice commensurate to their role and function in the service.

From feedback, it was positive to note that staff were working well together to support the best outcomes for service users, in a caring manner.

It was also noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life, as confirmed in discussions with staff and service users.



Staff are being vigilant in terms of monitoring people for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff registrations with NISCC and the NMC, communication between service users, staff and other key stakeholders, compliance with Covid-19 guidance, the use of personal protective equipment guidelines, Covid-19 education and management including IPC measures.

### Areas for improvement

One area for improvement was identified in relation to the monthly quality monitoring process.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

## 7.0 Quality improvement plan

An area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Mr Patrick McKeever, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 Areas for improvement

An area for improvement has been identified where action is required to ensure compliance with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Setting Regulations (Northern Ireland) 2007.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 28 (2) (3) (4) (5)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person must ensure that the monthly monitoring visits are in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.</p> <p>The person carrying out the visit shall interview, with their consent and in private, such of the service users and their representatives and persons employed in the day care setting as appears necessary in order to form an opinion of the standard of care provided in the day care setting.</p> <p>Ref: 6.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All service users and / or their representatives in attendance on day of monitoring visit are interviewed with their consent and asked in private their views on the care given and service provided. Service users comments are documented on report with service users consent. Staff on duty are consulted during the monitoring visit. Staff views and comments are documented on monitoring report. Staff also have access to Head of Service direct contact number if they wish to make contact regarding any concerns or issues between monitoring visits.</p>

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



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