

# Inspection Report

10 July 2023



## Foyleville Day Centre

Type of service: Day Care Setting  
Address: Academy Road, Londonderry, BT48 7LE  
Telephone number: 028 7126 3900

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Western Health and Social Care Trust</p> <p><b>Responsible Individual:</b> Mr Neil Guckian</p>	<p><b>Registered Manager:</b> Mr Martinog Bradley (Acting)</p>
<p><b>Person in charge at the time of inspection:</b> Mr Martinog Bradley</p>	
<p><b>Brief description of the accommodation/how the service operates:</b></p> <p>Foyleville Day Centre is a day care setting that provides care and day time activities for services users who are 65 and over. The centre is open from Monday to Friday and is managed by the Western Health and Social Care Trust (WHSCCT).</p>	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 10 July 2023 between 10.15 a.m. and 15.45 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency'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.

Good practice was identified in relation to service user involvement, the monitoring of staffs' registration with the Northern Ireland Social Care Council (NISCC) and staff training. 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:**

- "It is a nice place to come. The staff are very good; you couldn't ask for any better. The food is good and we are given choice. I feel safe in the day centre. If there were any concerns, I would speak to the manager. We are involved in the care review. I have no concerns."
- "The staff are never rushed."
- "We do a lot of activities. I enjoy doing the exercises, reading, making cards, playing bowls and going on the day trips."
- "It is a great place. I am happy here. I wouldn't want to go anywhere else. I wouldn't attend here if I didn't like it."
- "I am collected on the bus in the morning and taken back home again. I enjoy being on the bus."

##### **Staff comments:**

- "The service is well led and the manager is approachable. If there were any concerns, I would speak to the manager; I haven't had any. I have received all my mandatory training. I am aware of my NISCC requirements and keeping my registration up to date. The service is compassionately run; we are never rushed with the service users. I enjoy spending time with the service users on the bus journey; we often have a sing song on the bus which the service users enjoy. We have a quiet area in the centre for service users to relax in and read a book and have quiet time. The service users have choice as to what they want to eat."

**HSC Trust representatives' comments:**

- “The manager is very good. If there are any issues they are always sorted out; there haven't been any. The communication with the service is good, especially with the closures around holidays. It is a great service.”

No questionnaires were returned and no responses were received 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 21 November 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

<b>Areas for improvement from the last inspection on 21 November 2022</b>		
<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 16 (1) <b>Stated:</b> First time	The registered person, where appropriate, shall ensure that a written care plan is prepared in consultation with the service user or the service user's representative as to how the service user's needs in respect of his day care are to be met.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Following a review of the care plans, the inspector confirmed that this area for improvement has been met.	
<b>Area for Improvement 2</b> <b>Ref:</b> Regulation 26 (4)(a) <b>Stated:</b> First time	The registered person shall provide details of the action taken to address the significant findings highlighted in the fire risk assessment dated December 2021.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Following a review of the fire risk assessment dated December 2021, the inspector confirmed that the significant findings had been actioned.	

<b>Area for improvement 3</b> <b>Ref:</b> Regulation 17(1)(a)(b) <b>Stated:</b> First time	The registered person shall complete the annual report which is compliant with Schedule 3 of the Day Care Setting Regulations (Northern Ireland) 2007.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Following a review of the annual report, the inspector confirmed that this area for improvement has been met.	
<b>Area for improvement 4</b> <b>Ref:</b> Regulation 28 <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Following a review of the monthly monitoring reports, the inspector confirmed that this area for improvement has been met.	
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards (revised), 2021</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 8.2 <b>Stated:</b> First time	The registered person shall ensure service users are enabled to be involved in and given opportunities to influence the running of the service. This will require the establishment of forums or systems whereby service users can be consulted about and express their views.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Following a review of the records relating to service user meetings, the inspector confirmed that this area for improvement has been met.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 13.4 <b>Stated:</b> Second time	The registered person shall ensure that staff have completed training on and can demonstrate knowledge of adult safeguarding.	<b>Met</b>
	<b>This relates specifically ancillary to staff.</b> <b>Action taken as confirmed during the inspection:</b> Following a review of the training record for ancillary staff, the inspector confirmed that this area for improvement has been met.	

## 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).

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. A review of the training records identified that the day centre staff, catering staff and the bus driver had completed adult safeguarding 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 in normal business hours and out of hours. 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 manager advised that there had been no concerns raised under the whistleblowing procedures.

The day care setting retained records of any referrals made to the Health and Social Care (HSC) Trust in relation to adult safeguarding. 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.

The manager was aware of the type of incidents which are required to be notified to RQIA.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the day care setting's mandatory training programme. A review of care records identified that moving and handling risk assessments and care plans were up to date.

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 their medicine to be administered with a syringe. The manager was 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 manager reported that none of the service users were subject to DoLS. A resource folder was available for staff to reference.

A review of the Fire Risk Assessment dated December 2021 identified that all recommendations within the Fire Risk Assessment had been actioned. The inspector noted that the Fire Risk Assessment Officer was due to visit the day centre to complete an updated Fire Risk Assessment on 11 July 2023; this will be reviewed at the next inspection.

The environment was observed during the inspection and it was noted to be fresh smelling and clean throughout. The internal door adjoining the day centre to the disused care home was observed by the inspector to be unlocked. This was discussed with the manager who gave assurance that this would be addressed as a matter of urgency and a new replacement lock would be fitted. Further assurance was provided that an appropriate lock would be fitted to the door.

### **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 services 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.

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 thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). Whilst none of the service users had swallowing difficulties, a review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

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

Staff recruitment was completed in conjunction with the organisation's Human Resources (HR) department and managed in accordance with the Regulations and Minimum Standards, before staff members commenced employment and had direct engagement with service users. 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 number of years.

Checks were made to ensure that staff were appropriately registered with the NISCC. There was a robust system in place for professional registrations to be monitored by the manager.

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 are required to complete a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they are competent to carry out the duties of their job in line with the day care setting's policies and procedures.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. The manager was advised to discuss the post registration training requirement with staff to ensure that all staff are compliant with the requirements.

#### 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.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs).

The day care setting's registration certificate was up to date and displayed appropriately.

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



We discussed the acting management arrangements which have been ongoing; RQIA will keep this matter under review.

## **6.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with manager, as part of the inspection process and can be found in the main body of the report.



The **Regulation** and  
**Quality Improvement**  
Authority

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

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)