

Inspection Report

3 March 2022



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

Organisation/Registered Provider: Western Health and Social Care Trust	Registered Manager: Mrs Mary Ferguson (Acting)
Responsible Individual: Mr Neil Guckian (registration pending)	Date registered: Not Applicable
Person in charge at the time of inspection: Mrs Mary Ferguson	
Brief description of the accommodation/how the service operates: 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 and is managed by the Western Health and Social Care Trust (WHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 3 March 2022 from 10.20 a.m. to 3.55 p.m by the care inspector.

This inspection focused on staff registrations with the Northern Ireland Social Care Council (NISCC) and/or the Nursing and Midwifery Council (NMC), adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring and Covid-19 guidance.

Service users said that they were very satisfied with the standard of care and support provided.

Evidence of good practice was found in relation to monitoring the professional registration of staff and the provision of person centred care and communication between service users, staff and other key stakeholders.

Three areas requiring improvement were identified in relation to the safe storage of cleaning chemicals, DoLS training and Adult Safeguarding training for ancillary staff.

The findings of this report will provide the day care setting 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 in relation to the day care setting. This included the previous inspection report and quality improvement plan (QIP), and any written and verbal communication received since the previous care inspection.

During our inspection we focused on speaking with the service users and staff to find out their views on the service.

The inspection also focused on reviewing a range of relevant documents, policies and procedures relating to the day care setting's governance and management arrangements. This included checking how staffs' registrations with NISCC and/or the NMC were monitored.

We discussed any complaints and incidents during the inspection with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of services in the day care setting. This included service user/relative questionnaires and a staff poster. Ten service users' responses were received and the respondents were very satisfied that care was safe, effective, compassionate and well led. No staff responses were received within the timescale requested.

One area for improvement was identified at the last care inspection. This area was reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service?

The information provided by service users during the inspection indicated that there were no concerns in relation to the day care setting. All confirmed that they were very satisfied with the standard of care and support provided. We spoke with six service users, two relatives and three staff including the manager.

Comments received during the inspection process included:

Service users' comments:

- "I know all the staff and they are so kind."

- “Staff told us about Covid-19 and all the changes staff made in the day centre; very good systems.”
- “We’re very well treated here. You couldn’t get a better centre if you travelled all over the city.”
- “I feel safe in the centre and staff work hard to keep us safe.”
- “Staff are second to none. They are kind and always happy to see you.”
- “I love coming to the centre.”
- “We are offered choice of everything here like activities, lunch and what we want to do when we are here.”

Relatives’ comments:

- “A brilliant service; I could not speak highly enough of the staff and the service.”
- “Staff treat my mother very much as an individual. They know her likes and get her very much involved all that is happening.”
- “Staff are professional and very kind.”
- “A very good service and I am very happy with all.”
- “Staff made my mother feel very welcome when she started and helped her settle in.”

Staff comments:

- “We all work as a team and do what is in the service users’ best interest.”
- “I have done all my mandatory training including adult safeguarding, fire safety and dysphagia.”
- “Good communication and we are informed right away of any changes. We have a morning briefing.”
- “I have supervision about every three months and appraisal every year.”
- “The staffing levels meet the service users’ needs.”
- “I think the care and support here is excellent. Service users are given choice of all that they do here.”

5.0 The inspection

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

Areas for improvement from the last inspection on 10 February 2021		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 28 (2) (3) (4) (5) Stated: 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. The person carrying out the visit shall interview, with their consent and in private,	Met

	<p>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>Action taken as confirmed during the inspection: A review of the returned quality improvement plan and the monthly quality monitoring reports, along with discussion with the manager, confirmed that this area for improvement had been addressed.</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).

Discussions with the manager and staff revealed they were knowledgeable regarding their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns and maintain written records. The day care setting had a system for retaining a record of referrals made to the relevant HSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that no adult safeguarding referrals had been made since the last inspection.

In addition, staff confirmed that they were aware of their obligations in relation to raising concerns with respect to service users’ wellbeing and poor practice, and were confident of an appropriate management response.

It was confirmed that staff were required to complete adult safeguarding training during their induction programme and regular updates thereafter. However, it was noted that ancillary staff, including transport and catering staff, had not received training with regards to adult safeguarding. Adult safeguarding training was identified as an area for improvement.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided. The day care setting had provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

The manager described the staffing levels which have been assessed as necessary to provide a safe service in the setting. Assurances were provided by the manager that sufficiently qualified, competent and experienced persons are working at all times to meet the assessed

needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose. A review of a sample of the staffing roster evidenced that the planned staffing levels were adhered to.

Discussions with staff, service users and observations during the inspection verified that staffing levels were sufficient to meet the assessed needs of service users.

The day care setting's governance arrangements in place for identifying, managing and, where possible, eliminating unnecessary risk to service users' health, welfare and safety were reviewed during the inspection. This indicated that an effective incident and accident reporting policy and system was in place. Staff are required to record any incidents and accidents in a centralised electronic record, which is then reviewed and audited by the manager, senior manager and the WHSCT governance department. The review of records and discussion with the manager confirmed that no accidents or incidents had occurred since the date of the last inspection.

Observation of and discussion with staff evidenced that staff were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, discussions with staff and the manager evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users.

Staff were provided with training appropriate to the requirements of their roles. Discussion with staff confirmed that mandatory staff training was up to date. Discussion with the manager and review of staff training records identified staff had not completed DoLS training. An area for improvement has been identified.

Staff had an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. The manager told us that no service users met the criteria to have a DoLS process put in place at this time. The manager stated that there were no restrictive practices in place at the time of the inspection.

On entering the day care setting the inspector's temperature and contact tracing details were obtained by the manager who advised that this is completed for all persons entering the day care setting in line with current Covid-19 guidelines.

The environment was observed and there was evidence of infection prevention and control measures (IPC) in place such as Personal Protective Equipment (PPE) which was available for staff. Other IPC measures were in place, which included 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. There were numerous laminated posters displayed throughout the day care setting to remind staff of good hand washing procedures and the correct method for donning (putting on) and doffing (taking off) PPE.

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. We discussed the provision of mandatory training specific to IPC measures with staff. Staff confirmed that they had undertaken IPC training and that the training provided them with the necessary skills and knowledge to care for and support service users. A review of staff training records confirmed that staff had received training in IPC and Covid-19 awareness including the

donning and doffing of PPE. The manager confirmed that management were monitoring progress with overall mandatory training to ensure full compliance.

There was a good system in place to share information relating to Covid-19 and IPC practices. Staff were observed adhering to guidance and were knowledgeable about IPC during discussions.

Observation of the environment was undertaken during a walk around of the day care setting, it confirmed that the environment was warm, clean, fresh smelling and had suitable lighting. Fire exits and walk ways were clear and free from any obstructions. Discussion with the manager confirmed that furniture, aids and appliances were fit for purpose for the diverse needs of service users.

During a review of the environment it was noted that the sluice room was unlocked. Service users could potentially have access to a number of cleaning chemicals that were stored unlocked in the sluice room. This was discussed with the manager and it was stressed that the internal environment of the day care setting must be managed to ensure Control of Substances Hazardous to Health (COSHH) regulations are adhered to at all times. The identified substances were secured by the manager when the matter was brought to her attention. An area for improvement was made in this regard.

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

Discussions with staff and review of service user 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 day care staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

It was noted that a service user had been assessed by SALT in relation to dysphagia needs and specific recommendations made with regard to their individual needs in respect of food and fluids. Staff spoken with demonstrated a good knowledge of service users' wishes, preferences and assessed needs and how to modify food and fluids. It was positive to note staff had undertaken dysphagia awareness training.

5.2.3 Are there robust systems in place for staff recruitment?

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. The manager confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and direct engagement with service users.

A review of records confirmed all staff working in the day care setting were registered with NISCC and/or the NMC.

Information regarding registration details and renewal dates was monitored by the manager. The manager confirmed that all staff were aware that they were not permitted to work if their professional registration was to lapse.

Discussion with staff confirmed that they were registered with NISCC and/or the NMC. 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?

We discussed the monitoring arrangements under 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 in line with legalisation. The reports evidenced a review of the conduct of the day care setting, engagement with service users, service users' representatives and the development of action plans for follow up at subsequent visits. Reports also included review of service user care records; accident/incidents; safeguarding matters; complaints; compliments; staff recruitment and training, and staffing arrangements.

There was a process for recording complaints in accordance with the day care setting's policy and procedures. The review of records and discussion with the manager confirmed that no complaints were received since the date of the last inspection.

Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager.

Discussions with the manager and staff described positive working relationships in which issues and concerns could be freely discussed; staff reported they were confident that they would be listened to. In addition, staff confirmed that they felt supported by management.

Discussions with the management and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included the availability of continuous update training alongside supervision/appraisal processes, team meetings and an open door policy for discussions with the management team and observation of staff practice.

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 Alerts (EAs).

6.0 Conclusion

Based on the inspection findings and discussions held with staff, relatives and service users, RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner and that the service was well led.

Three areas requiring improvement were identified in relation to the safe storage of cleaning chemicals, DoLS training and Adult Safeguarding training for ancillary staff.

The inspector would like to thank the manager, service users, relatives and staff for their support and co-operation throughout the inspection.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, Revised August 2021.

	Regulations	Standards
Total number of Areas for Improvement	1	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Mary Ferguson, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 14 (1) (a) (c) Stated: First time To be completed by: Immediate and ongoing from the date of inspection	<p>The registered person shall ensure that chemicals are stored in line with Control of Substances Hazardous to Health (COSHH) regulations.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All Care staff and Support Service staff have been made aware that chemicals are stored in line with COSHH regulations in the Coshh cupboard, which should remain locked (with key kept in the key safe) and that the Sluice Room door should be locked when not in use with the key kept by the support service staff.</p>
Action required to ensure compliance with the Day Care Settings Minimum Standards, Revised August 2021	
Area for improvement 1 Ref: Standard 13.4 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	<p>The registered person shall ensure that staff have completed training on and can demonstrate knowledge of adult safeguarding.</p> <p>This relates specifically ancillary to staff.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All care staff have received training on Adult Safe guarding. Support Service staff and Bus Drivers are awaiting training dates as their line managers are aware of the need for said training.</p>
Area for improvement 2 Ref: Standard 21.4 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	<p>The registered person shall ensure that the training needs of individual staff for their roles and responsibilities are identified, and arrangements are in place to meet them.</p> <p>This relates specifically to DoLS training.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All staff are in the process of receiving training on DoLS.</p>

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